

**HEALTH EDUCATION FOR FAMILY PLANNING
SCHOOLING AS FAMILY PLANNING**

**Contrasting Perspectives on Fertility
and
Girls' Education in Niger**

Shona Wynd

**Ph.D.
The University of Edinburgh
1996**



Declaration

This thesis has been composed by myself from results of my own work, except where stated otherwise, and has not been submitted in any previous application for a degree.

January 1997

Acknowledgements

The process of conceptualising, researching and writing this thesis could not have been finished without the help and support of a number of people. I aim to include everyone one, but should I overlook and individual or group, I apologise! When, after spending some time in Niger, I initially had the idea of beginning my doctoral studies, I was fortunate to find several supportive parties who encouraged my interests and assisted me in framing the initial research questions. In particular, Dr. Nancy Keith was enormously supportive both in making me think and in making me laugh. Also, Leo Rosendaal and Charles Tapp, of CARE International, and Dr. William Emmett and Paulette Chaponnier, of University Research Corporation, were very kind in terms of allowing me to work through their projects and in their willingness to find the funds to assist me financially. Without their initial acknowledgement of the value of the types of questions I wanted to ask, I doubt I would have continued with the research. Equally, funding from the Education Division of the Overseas Development Administration, the Simon Population Trust and the Arkelton Trust, made it possible for me to expand the research questions to incorporate the more complex aspects of the study.

While based in Niger, I became a member of a supportive community where it was possible to find escapist diversions when needed and also to seek out advice or draw on experience. Key members of this community included Meg Brown, Marilyn Wilkinson, Marilyn Merrit, Leslie Chace, Bridget Fahrland and Nancy Lowenthal. Hotels being what they are in Niger, I often had to rely on the good will of friends for food and housing. For their willingness to share good food and a clean, safe place to sleep I cannot thank Sarah Thomsen and Karlheinz and Ute Michels enough! Equally, for space to put my camp bed and access to clean drinking water in the villages I thank the Peace Corps Volunteers who showed me so much hospitality and who also helped me to adjust to life in the village. In particular, I must thank Julie Docherty, Emily Whitcomb, Trish deKay, Elizabeth Lewis, Robin Morrison and Dave (whose last name escapes me!). My village based research was made possible by the dedicated efforts of my research assistants Amina, Halima Djimrao, Hassiah Amadou and Safia Soromey. Thank you all for your hard work and patience. CARE Zinder staff played an essential role in introducing me to village leaders and assisting me with the logistics of moving from one village to the next. Boubacar Coulibaly, El Hadji Alzouma, Jaffar and Issa not only dropped me off in what seemed like the middle of nowhere, they remembered to come and get me a week later (for this fact alone I am truly grateful!). In the middle of nowhere, I met people whose kindness and willingness to share staggered me at times. Through my experiences of the dusty Sahel, my understanding of struggle and hardship has been profoundly influenced, as has been my capacity to see the humour and magic of the human experience. I am indebted to the people of these villages for their tolerance and their honesty.

Back in Britain, editorial advice and soothing words from Robin Milton, Ingrid Yngström, Suzanne Ottenheim and Douglas Hill helped the writing process immensely. Moreover, the final stages of submitting the thesis could not have been completed without the help of Anne Jepson. The early stages of the thesis were also fundamentally influenced by the advice and input of Ian Martin. My supervisors, Professor Kenneth King and Professor Patricia Jeffery, have been an endless source of considered advice, guidance and support and, clearly, this study has benefited enormously from their input. Thank-you very much, not only for your supervisory influences, but also for your keen desire to get it right.

Finally, I must acknowledge the solid foundation upon which I was able to build my desire to complete the doctoral process - my family. The Cowan family have made me feel so comfortable, at home and supported that, without them, neither Mark nor I could have achieved our goals. My parents have wholeheartedly supported my pursuits - writing letters, ringing up incredible

telephone bills with calls to Niger and to Scotland, and sending jujubes and Macleans to make me feel closer to home were the obvious things. More importantly, I knew that no matter whatever I chose to do, I was still their daughter. And Mark, for your love, your patience and your stubborn belief that I should pursue this goal, thank you.

Abstract

The relationship between increased education for women and decreased fertility has been a central part of the development discourse since the link was first made in the late 1970s and it continues to be viewed as a key component of development programmes. Frequently presenting the relationship as direct and causal, the literature suggests that by providing basic education programmes for girls, national governments can influence fertility rates. While statistical analyses may indicate that a link exists, the qualitative factors influencing the relationship between fertility and education, and the role that each plays within the community are not yet fully understood. Niger presents an interesting case study of the education and fertility relationship. The country has a fertility rate of 7.4, a literacy rate of 14 percent (9 percent for females) and an overall primary school enrolment rate of 28.5 percent. Only 36 percent of this figure are girls; in rural areas female enrolment is as low as 10 percent. At the village level, the school system is valued, not for the basic literacy and numeracy skills it provides, but for the jobs that are anticipated upon graduation. For girls, the situation is particularly problematic; in addition to problems of quality and relevance of education, they are constrained by cultural norms which limit their activities outside of the home from an early age. Based on an analysis of population and education policies from the 1960s to 1996, and on qualitative data collected at the national and local level in Niger, this thesis addresses two strands of inquiry. The first strand is concerned with observing the process of introducing, to the micro-level, education and family planning policies developed at the macro-level. The study highlights the points at which policy and implementation diverge. The often conflicting agendas of population policies and the programmes developed to implement them are explored, focusing in particular on family planning programmes which explicitly set out to reduce fertility rates, as well as on female basic education programmes which may not list fertility reduction as a goal but nevertheless are assumed to have an impact on fertility rates. The second strand of the study is concerned with beginning to illuminate the socio-cultural factors influencing local attitudes towards family planning and towards girls' schooling, and to begin to make links between the two issues. While the complexity of the relationship is such that it would be unreasonable to attempt to disentangle all of the factors involved in the space of this thesis, it is possible to begin to tease out a number of the key issues and to investigate to what extent the relationship, which is so evident in policy discourse, is apparent at the local, village level. The purpose of the study is to re-visit the relationship between fertility and education and, having taken the issue of the socio-cultural context of Nigerien Hausa society into consideration, create an opportunity for critical analysis of wider issues affecting education and family planning policy development. The study aims to contribute to the debate regarding policy development and the need to account for the relationship between the macro-level family planning and education initiatives and the micro-level contexts for which they are intended.

TABLE OF CONTENTS

Glossary	i
Acronyms	iii
List of Tables and Figures	iv
INTRODUCTION	1
Background	1
Research Goal	1
Research Issues	2
The Study's Contributions	3
Methodological Considerations	4
Framework of Inquiry	4
Actor-Oriented Research and Development	5
Thesis Outline	8
CHAPTER ONE	
Health and Schooling in Niger	9
Niger	9
Context	9
Introduction to the French Administration	9
The Impact of Niger on the French Direct Rule Policy	11
Post-Independence Challenges	13
Past Health Interventions in Niger	13
Past Education Interventions in Niger	14
Current Socio-Economic Situation	17
Structural Adjustment Efforts in Niger	18
The Impact of Evolving Power in Niger	19
The Role of the USTN	20
The Effect of Political and Economic Conflict on Family Planning and Education in Niger	23
Summary	24
CHAPTER TWO	
Methods	25
Introduction	25
Evaluating Development and Change in Nigerien Fertility Policy	25
Three Levels of Inquiry	26
International	26
National Level Discourses	27
Local Responses Within the Context of Socio-Cultural Frameworks	28
Data Collection	30
Reconciling Theoretical and Practical Dilemmas	30
Rural Based Research and CARE Affiliation	33
Developing and Testing the Instruments - 1993	34

Developing and Testing the Instruments - 1995	35
Data Collection and Translation	36
Village Selection - 1993	37
Village B	37
Village A	37
Village Selection - 1995	38
Village C	38
Village D	39
Urban Districts Selection - 1993	39
Urban Districts Selection - 1995	40
Research Protocol	41
Village Contacts	41
Urban Contacts	41
Sampling - 1993	42
Focus Groups	42
Individual Interviews	44
Sampling - 1995	45
Interviewing Government Officials	46
Key Informants	47
Data Analysis	47
Making the Methods Work	47
Personal Accounts and Relative Accuracies	50
Coding	50
Creating a Reliable Interpretation	51

EXAMINING THE DISCOURSE 53

CHAPTER THREE

Exploring the Early Discourse: 1960s to 1970s	54
Background	54
Modernist Influences on Development	55
Population Growth Concerns	58
Policy Responses	59
African Government Responses	61
Imposing Population Control	61
Diffusing Modern Contraceptive Innovations	62
Diffusion of Innovation in Family Planning Programmes	62
The Knowledge, Awareness and Practice Survey	63
Education for Family Planning	64
Exploring the Role of Education in Development	64
Information, Education and Communication	67
Analysing the Approach to Family Planning Education	68
Revisiting Frameworks for Change and Development	70
Integrating Women's Needs Into the Development Agenda	72
Assessing the Hidden Agenda	74
Adjusting the Approach	75
Structural Adjustment	77

CHAPTER FOUR

Early Links Between Education and Family Planning: 1980s to 1990

Introduction	79
Synergy, Aid and Directing Development	80
Population, Environment and Fertility Control	82
Education, Fertility and the "Nexus"	84
Aid and Girls' Education	87
Questioning the Reliability of the Fertility-Education Relationship	90
The Multiple Benefits of Educating Women	92
Formal Education as Family Planning	93
Understanding the Position of Girls and the Demand for their Education	95

CHAPTER FIVE

Reproductive Health and Education: the Current Discourse

Introduction	97
Developing a Gendered Analysis of Education and Fertility	98
Language Shifts	98
Realising Change in Perspective	101
Fostering the Enabling Environment	102
Making the Transition to "Reproductive Health"	103
Criticisms of Gendered Analysis	105
Policy and Programmes for Family Planning Education	107
Responding to Health Workers' Needs	108
Information Education Communication Responses to Reproductive Health	109
Social Marketing	109
Summary	110

CHAPTER SIX

Creating Systems for Development: Education and Population Policy in Niger

Introduction	112
Background	112
Population Policy	115
Niger's Participation in the International Conference on Population and Development	118
Evolution of Family Planning Policy Initiatives	120
The Family Health and Demography Project	121
Assessing the Impact of the DFP Activities	122
The Working Relationship between the MCH and the DFP	124
Education Policy	125
Niger and the World Education Conference for All	126

Recruitment and Attendance	128
School Performance	131
Addressing the Problem of Girls' Education	132
Producing Policy	132
Assessing the Challenge of Uniting Policy with Practice	134
Textbook and Curriculum Development	134
Awareness and Advocacy at the Ministerial Level	136
The Reaction of the Donor Community	137
Education and Family Planning Programmes in the Wider Social Context	140
The Power and Influence of Islamic Associations	140
The Impact of Changing Interpretation of Islam for Women in Niger	141
Attempting to Create a Family Code	142
Summary	144

ANALYSING RESPONSES TO INTERVENTIONS AT THE LOCAL LEVEL 146

CHAPTER SEVEN

Providing Family Planning Education Services	148
Background	148
Health Care System	148
Local Level Health Care	149
Village Health Teams	149
District Medical Centres	152
Department Hospitals	153
National Hospitals	153
Health Service Coverage	153
The Dispensaries and Mother and Child Health Centres	154
The Physical Set-up	154
Staff	156
Health Centre Routines	156
Information, Education and Communication Sessions	157
Effects of Strikes on Dispensaries and Mother and Child Health Centres	158
Providing Primary Health Care	159
Working with the Local Community and Local Beliefs	161
Working and Living in the Community	163
Family Planning Services	165
Relevance of Training	167
Family Planning Counselling	169
Absence of Men in IEC Efforts	170
Levels of Motivation	173
Summary	175

CHAPTER EIGHT

Fortune, Fertility and the Future: A Hausa Perspective	176
Introduction	176
Marriage and Reproduction	176
Household Resources	178
Children as a Means of Gaining Full Adult Status	179
Marriage	179
Fulfilling Expectations	181
Fertility, Children and Hierarchy	183
The Importance of Children in the Hausa World Order	183
Rivalry Between Wives	183
Systems of Inheritance	185
Children as Security	187
Expectations of Children	188
High Child Mortality Rates	190
Placing Fertility in the Context of Coping Strategies	192
Defining Spacing and Limitation	192
Local Ideals of Birth Spacing	194
Parallels in Reproduction and Alimentation	196
Shame and Birth Spacing	197
The Need for Birth Spacing	198
Responsibility for Riritsa	199
Local Methods of Birth Spacing	202
Use of Traditional Methods of Birth Spacing	204
Family Planning and <i>Zamani</i>	205
Use of Modern Methods of Contraception	205
The Impact of Modernity on Local Problems	207
The Conflict	208
Women's Concerns	211
Interference from the Outside	212
Summary	214

CHAPTER NINE

Providing Schooling for Girls: Educators and Their Role	215
Introduction	215
Attendance Issues	215
Effects of Political Unrest on Teachers' Morale	215
Recruitment Perceptions	217
Recruitment Realities	218
Rural and Urban Distinctions	221
Parents' Reluctance to Send Girls to School	221
The Perceived Role of Mothers	222
The Teachers' Position	224
Attempts to Recruit Forcibly	225
Providing Effective Education	226
Teacher Training and Support	227
Teaching Style	228

Female Representation in the Teaching Profession	228
Teaching in a Village	229
Buildings and Resources	230
Learning By Rote	231
Additional Difficulties for the Female Teacher	232
Personal Commitment and Motivation of Teachers	233
Issues Relating to the Curricula	235
Teachers' Reactions to the New Curriculum	238
The Example of <i>Activites Pratiques et Productives</i>	238
An Absence of Innovation in the Classroom	241
Girls' Education in the Community	242
Teachers' perceptions of Their Role in Improving	
Educational Opportunities for Girls	243
Summary	245

CHAPTER TEN

Primary Education for Girls: Schooling and Considerations	247
Introduction	247
Education and Discourse	247
Perceptions of the Value of Schooling	248
Working Towards a Job with the Civil Service	249
Jobs Outside the Civil Service	253
The Role of Literacy and French Language Skills in	
the Community	254
Expectations of Success: Perceived Preference for	
Civil Servants' Children	257
The Influence of Gender in Expectations of Success	258
Accounting for Gender Roles	259
Flexible Interpretations of the "Norm"	260
Male/Female Power Roles	262
The "Good" Wife	263
Influencing School Decisions: Perceptions of the Role	
of the Father	264
The Mother's Perspective	267
Preventing School Attendance	268
What is Useful Knowledge?	269
Intelligence and the Desire to Pass	271
Building the Pregnancy Argument	273
Female Schooling as a Hardship to the Mother	277
Sex, Shame, Money and Mothers	277
Sexual Control	279
The Marriage Market and Schooling	280
Influence of Primary Schooling on Manners/Conformity	
to Roles	282
Summary	284

CHAPTER ELEVEN	
Summary and Conclusions: Addressing the Wider Issues	286
Summary	286
Exploring the Micro-level Findings	286
Exploring the Macro-level	288
Connecting the Macro with the Micro	290
Conclusions	291
 Bibliography	 293
 Appendix One	 311
Appendix Two	314
Appendix Three	316
Appendix Four	317
Appendix Five	318
Appendix Six	320
Appendix Seven	321

GLOSSARY

- Anasara - (H) the word used to denote non-Africans
- Année blanche - (F) a school year cancelled because of strikes
- Arrondissement - (F) District; sub-region of a Department
- Arziki - (H) meaning fortune, wealth and good luck.
- Banco - (F) adobe, mud and straw mixture
- Boka - (H) a traditional healer
- Ciki - (H) stomach
- Département - (F) Department; Niger is made-up of seven departments
- Double vacation - (F) the double flow system introduced by the World Bank to increase school enrolment
- Ecole Normale - (F) teacher training college
- Femme relais - (F) a woman selected by the community to provide basic health and family planning education to women
- Fura - (H) drink made from pounded millet and soured milk
- Gandu - (H) traditional system of family farming
- Gwabro - (H) a man without children
- Infirmier Ceritifié - (F) a nurse holding a certificate awarded after one years training
- Infirmier Diplômé d'Etat - (F) diploma awarded after three years training in nursing
- Kai - (H) head
- Karuwa - (H) term used to denote a divorcee, a prostitute or individual of low esteem
- Kiri - (H) a leather amulet, made by a marabout or a traditional healer, to help space pregnancies
- Kishi - (H) jealousy
- Kishiya - (H) co-wife
- Konika - (H) poorly spaced pregnancies
- Koshi - (H) the feeling of being full of food
- Kumya - (H) shame, embarrassment
- Kwa'dayi - (H) a hunger for the good things in life
- Labadi - (H) good manners
- Laya - (H) a leather belt, made by a traditional healer, to help space pregnancies
- Lycée - (F) secondary school

Magani - (H) local medicine

Maigari - (H) the chief

Maigida - (H) head of the household

Major - (F) the head nurse in a dispensary

Malletes - (F) family planning demonstration kit

Marabout - (F) a muslim priest

Matrone - (F) an old woman who assists women with the birth of their children; sometimes trained in basic first-aid and family planning as a part of the Village Health Team scheme

Mayu - (H) soul eating witches

Médersa - (F) a private school including the teaching of Arabic and Islamic studies as part of the curriculum

Riritsa - (H) poorly spaced pregnancies

Sage-Femme Diplômée d'Etat - (F) diploma awarded after three years training in midwifery.

Sécuriste - (F) a man trained in basic first-aid; part of the Village Health Team scheme

Sous-Préfet - (F) head of the District

Tuwo - (H) staple food of millet, pounded and boiled

VHT - Village Health Team

Wahala - (H) suffering

Wallahi - (H) exclamation of surprise or disbelief

Wauta - (H) silly, foolish

Wanzamma - (H) barber

Zamani - (H) the passage of time

Zucinya - (H) the heart

Acronyms

AFN - Association des Femmes du Niger
CFCA - *Centre de Formation des Cadres d'Alphabétisation*
CIDA - Canadian International Development Agency
CPR - Contraceptive Prevalence Rate
DFP - Department of Family planning
FHDP - Family Health and Demography Project
GAD - Gender and Development
GTZ - German Development Agency
ICPD - International Conference on Population and Development
ICW - International Conference on Women
IEC - Information, Education and Communication
IHP - Integrated Health Programme
INDRAP - Institut Nationale de Documentation, de Recherche et d'Animation
Pedagogique
MCH - Mother and Child Health
NFHC - National Family Health Centre
ORS - Oral Re-hydration Solution
SAP - Structural Adjustment Programme
SNV - Dutch Development Assistance Agency
VHT - Village Health Team
WCEFA - World Conference on Education for All
WID - Women in Development

List of Tables and Figures

Figure 1.1 - Map of Niger	10
Figure 2.1 - Schedule of Research	31
Figure 6.1 - Time Line of Significant Events in Niger from 1969 to 1996	113
Figure 7.1 - Hierarchy of Health Care Provision in Niger	149
Table 6.1 - Evolution of Contraceptive Prevalence Rates 1990-1993	123
Table 6.2 - Number of Children Attending School in Urban Areas	130
Table 6.3 - Number of Children Attending School in Rural Areas	130
Table 6.4 - Percentage of Children Between the ages of 7 and 12 Attending School	131
Table 7.1 - Ratios of Health Personnel to Population by Department	154
Table 9.1 - Percentage of Girls and Boys in Primary School in Niger	225

Introduction

BACKGROUND

The motivation for this study originates from a desire to disentangle the knot of issues which exists between, on one hand, the formulation of education and family planning development policies and interventions and, on the other hand, the integration of those policies evolved at the international and national levels into the frameworks of groups and individuals at the local level. The study focuses on the situation in the West African country of Niger.

The level of Nigerien¹ poverty poses particular challenges to the introduction of successful education and family planning policies. Most of the population live in rural areas and transportation systems are poor. Niger ranks lowest on the Human Development Index, with its Sahelian neighbours, Mali and Burkina Faso, also ranking in the lowest five (UNDP, 1996). National infrastructure is very weak and, as is discussed in Chapter Six, health statistics indicate high levels of disease and very high child and infant mortality rates. Equally, school attendance is very low, with a poorly developed formal education system serving only a minority of children, most of whom are urban-based.

Research Goal

Using the case of Niger as the micro-level element of the study, the challenges of fulfilling international pledges to provide education or reproductive health “for all”, especially where policies and programmes are being introduced in economically and politically challenging environments, are starkly illuminated. This study explores the tensions and conflicts in ideology which become apparent when the everyday perspectives on family planning and education at the Nigerien local level are juxtaposed with the agendas of the external donor agencies and national ministries involved in development of the national health and education programmes.

The study has two main strands. The first is concerned with beginning to illuminate those socio-cultural factors influencing attitudes towards family planning and towards girls’ schooling, and to begin to make links between the two issues. In the literature this relationship is often portrayed as causal and direct. Yet, the

¹ The word “Nigerien” is used to distinguish the people of Niger from those of Nigeria.

complexity of the relationship is such that, in the space of this study, it would be impossible to disentangle all of the factors involved. However, it is possible to investigate to what extent the relationship, so closely linked in policy discourse, is apparent at the local level. The second strand, intertwined with the first, is concerned with observing the process of introducing policies created at the macro-level to the micro-level, and pinpointing the critical points at which they diverge. I propose to examine the conflicting agendas of the population policies and the programmes developed to implement them; this includes those programmes with explicitly stated goals of fertility reduction, as well as primary education programmes which are assumed to have an impact on reproduction, despite the fact they do not overtly target fertility. The purpose of the study is not to create a new interpretation of the association between education and fertility ; rather, its purpose is to re-visit the relationship and, having taken the issue of the social-cultural context of the Nigerien society into account, create an opportunity for critical analysis of wider issues affecting education and family planning policy development. Finally, the study aims to contribute to the debate regarding policy development and the need to account for the relationship between the macro and micro-level.

Research Issues

The link between increased formal education for women and decreased fertility was first made by Cochrane in 1979. Although she demonstrated that the link exists statistically, Cochrane also indicated that the actual variables supporting the hypothesis were very difficult to identify, stating that education did not seem to affect fertility directly, "but that it acts through many variables" (1979:7-9). Whilst the statistical evidence produced by this and studies that have followed it (see Mason, 1984; Hill and King, 1991) supports the association between the two factors, they cannot explain the complex relationships existing between schooling and fertility, nor can they prove that the relation is causal. In order to begin to illuminate some of the factors involved in the extremely complex relationship, the study took up the challenge of exploring the social context of formal schooling and fertility in Hausa communities in Niger².

The Cochrane study, and the links made in it, have been pivotal in influencing the way that policy has been formulated. Nevertheless, the relationship

² Hausaland expands south across the Niger-Nigerian border. The Hausa-speaking people of Niger, while accounting for over half of Niger's population of eight million, make up only a small portion of Hausaland - an additional 25 million Hausa speakers live in Nigeria.

between the macro and micro-levels remains poorly understood. In its 1995 document "Priorities and Strategies for Education", for example, the World Bank implies that the relationship is direct:

The more educated a woman, the lower her fertility. Education influences fertility through higher age at marriage for women and increased contraceptive use. (World Bank, 1995:28)

The research used to support this and other similar statements are based on statistical indicators which do not make reference to the social processes involved in putting policy into practice in the daily situations of individuals and their communities. Hence, when macro-level policies are played out at the micro-level, the social relations and structures which had been overlooked are likely to begin to confound expectations.

The study looks at the evolution of the nationally based policies and programmes for formal education and for family planning education, and at the implementation of those initiatives at the local level. In order to illuminate the relationship between the policies as they are conceived of at the macro-level and their eventual form at the micro-level, the process of implementation from international to national to local level must be traced, observing the policies' on-going interpretation and re-interpretation. By following the series of re-interpretations of the policy interventions within the socio-cultural context of the change agents (school directors, teachers, health workers) and the intended recipients, the permutations and shifts in focus that inevitably occur can then be analysed with an awareness of both macro and micro structures. Identifying the reasons for the acceptance of or resistance to family planning methods is not the end goal of the study; the emphasis is instead placed on revealing these social processes and on the continuing re-negotiation of the socio-cultural context within which the processes take place.

The Study's Contribution

The literature offers studies which explore the links between girls' education and fertility with the use of statistics, studies which link education and reproductive health, and studies which examine socio-cultural factors at the micro-level. However, there is very little in the discourse exploring the links between the macro and micro-levels, or the necessity of incorporating socio-cultural factors into the

development of policies. In order to contribute to a more fully developed understanding of the relationship between international and nationally based initiatives addressing the issue of education and fertility, it is essential that the perspectives of all actors and agencies be taken into account. Moreover, in order to put the performance of education and family planning programmes into context, the socio-cultural networks within which they operate must themselves be explored.

This study addresses these absences in the literature, and aims to contribute to the debate regarding the influence of socio-cultural factors on policy initiatives. Equally, by tracing family planning and education policies from macro to micro-level, the study demonstrates the extent to which a policy idea conceived at the macro-level is interpreted, re-negotiated, adapted and, sometimes, implemented, as it is passed down an often tenuous chain of communication. The interpretation of policy initiatives from this standpoint will inform future policy debates regarding the development and implementation of programmes for education and family planning. Finally, the study has implications for the wider debates regarding the role of education in influencing women's reproductive health status.

METHODOLOGICAL CONSIDERATIONS

Framework of Inquiry

The nature and scope of the research question required a framework of analysis that could incorporate the research at international, national and local levels. Equally, it was important that the framework should be able to support the analysis of the diverse sources of data utilised in the study: focus-group discussions and in-depth interviews with government officials as well as civilians in rural and urban areas were utilised in order to provide an immediate understanding of Nigerien social-cultural activities and patterns; various key texts in the form of policies, school curricula, promotional materials, and newspaper articles were used to support and expand the depth of the analysis; further, documents produced outside of Niger, in the form of previous studies, international policies, articles and archival information were central to informing the analysis of the development of the current international and national stances towards education and family planning.

The process of gathering qualitative information about changing family planning and fertility practices is particularly challenging because of the sensitive nature of the topic - local taboos exist about questioning norms that are perceived

to have been established by God, and the area is closely related to the notoriously challenging subjects of sex and sexuality. The difficulties of exploring these matters has, in the past, often contributed to analyses which attribute a high degree of conservatism or "anti-modernism" to individuals and which place responsibility for the failure of fertility control programmes on the shoulders of individual men and women. Marris argues that conclusions such as these indicate a poor understanding of the role of social norms within a society;

Dynamic conservatism is by no means always attributable to the stupidity of individuals within social systems, although their stupidity is frequently invoked by those seeking to introduce change....The power of social systems over individuals becomes understandable, I think, only if we see that social systems provide...a framework of theory, values, and related technology which enables individuals to make sense of their lives. Threats to the social system threaten this framework. (Marris, 1975:51)

In order to move the fertility and education debate on to a deeper level of understanding within the context of Niger, and in order to achieve a greater understanding of the process of implementing policy from the macro to the micro-level, it is crucial that the on-going evaluation of proposed changes to girls' education and family planning service provision, and the social-cultural reasons behind responses to the programmes' implementation, are explored from the national and local perspective.

Actor-Oriented Research and Development

In recent years, there has been an expanding body of work exploring alternatives to an overly prescriptive approach to social analysis and the formulation of development initiatives. Booth (1994) reports that in the development activities of the sixties and seventies, beyond the work of Robert Chambers, very little was done in terms of questioning the implications of employing explanatory frameworks which were, at that time, both structurally-oriented and unable to incorporate a notion of fluidity within a given social situation. It was not until the 1980s, when researchers tried to move beyond these methods and what Booth refers to as the research "impasse", that efforts and methods of understanding social development enjoyed an increased diversification.

Focusing less on imposing a mechanised framework for change and development, the need to understand change within the larger webs of power and influence existing in a given community has been increasingly emphasised. In challenging the linear approach to conceptual frameworks, Long and Long have commented:

An awareness of the epistemological dimension points to the need for a better approach to the understanding of knowledge processes. These processes imply several interconnected elements: actor strategies and capacities for drawing upon existing knowledge repertoires and absorbing new information, validation processes whereby newly introduced information and its sources are judged acceptable and useful or contested, and transactions involving the exchange of particular material and symbolic resources. Implicit in this is the fact that knowledge generation and utilisation are not merely matters of instrumentalities, technical efficiencies, or hermeneutics...but involve aspects of control, authority and power that are embedded in social relationships. (Long and Long, 1992:270)

Integral to the “actor-oriented” approach to development and research is the concept of the interface between, on the one hand, the state (and its representatives) who implement a programme and, on the other, the people within a community. Long and Long (1992:37) argue that, in order to illuminate the local level aspect of development interventions, understanding of wider structural phenomena is required: “many of the choices perceived and strategies pursued by individuals or groups will have been shaped by processes outside the immediate arenas of interaction”. Equally, however, they reject the modernist belief that the “expert” from outside carries knowledge to a group of individuals to be diffused and adopted. Each individual within a community has a number of roles open to him or her (i.e. in the space of a day, one woman may fill the roles of: mother, wife, daughter-in-law, *matrone*, literate female, petty trader, farmer) and each of the roles will be the source of a range of options and limitations, some of which have the potential to conflict.

For example: a **literate woman** who reads a poster saying that two-year spaces between her babies is good both for herself and her children may have to resolve this new knowledge with the fact that, as the **wife** of a man who rejects the use of modern methods of family planning because he has heard rumours they

make women infertile, she is unable to act upon the knowledge. Yet, as a **mother**, she worries about the health of herself and her children. ODA reports have also acknowledged women's multiple roles in society and the extent to which these roles are, allegedly, influenced by education:

Orthodox economic analysis cannot quantify the social rate of return from education received by a non-working mother of four children; for the benefits of her education range over improved nutrition of her family, the ability to plan its size, her capacity to take on part-time work at home, her participation in the development of her community, and her own ability to improve the quality of her life through cultural and political activity. (ODA, 1990:7)

From the actor-oriented perspective, the individual's rejection or acceptance of knowledge or practice is viewed as the result of the manipulation of options and features of their socio-cultural relations and conditions (Arce *et al.*, 1994:155-6), rather than acceptance of or resistance to power imposed from outside.

Elsewhere, Long and van der Ploeg (1994) have drawn parallels between political-economic and modernist theories of development, stating that, while the former represents a belief that development is a fundamentally unequal process with continued exploitation of societies on the periphery and the latter represents the liberal "trickle-down" approach to development, both share a fundamental flaw:

[T]he two models are similar in that both see development and social change emanating primarily from centres of power in the form of intervention by state or international interests and following some broadly determined development path, sign-posted by stages of development or by the succession of dominant modes of production. (Long and van der Ploeg, 1994:63)

They suggest that the most effective approach to integrating understanding of structural phenomena is to adopt a modified political-economy stance, and argue for an approach which "emphasises the detailed analysis of the life-worlds, struggles and exchanges within and between specific social groups and networks of individuals" (Long and Long, 1992:37).

Using an actor-oriented approach, this study of family planning and education for family planning in Niger develops an understanding of macro-structural process in the form of policy development for both education and family planning. Equally, it explores the impact of these policies on those who are entrusted with the translation of them from theory into practice, and the responses of local individuals in terms how the changes are incorporated into their lifestyles. Finally, it provides a structure for beginning to explore, using a qualitative approach, the complex set of relations between the issues of family planning and education at the micro, social level.

THESIS OUTLINE

The chapters that follow explore the attempts of the Government of Niger (GoN) to implement education and family planning programmes. They also investigate the responses of government officials and local individuals to the resulting interventions. This section provides an outline of the chapter order.

Chapter One provides an introduction to the history of Niger, focusing in particular on past education and health interventions. After exploring the methods used to conduct the study in Chapter Two, the chapters that follow investigate the three different levels involved in the development intervention process. Chapters Three, Four and Five map the evolution of education and population policies at the international level from the 1960s to 1996. Chapter Three looks at the 1960s and 1970s, Chapter Four looks at the 1980s and into the 1990s and Chapter Five looks at the discourse as it is in 1996. Chapter Six makes the bridge between discourse and application by looking at how the issues discussed in the previous three chapters have affected population and education policy development in the Nigerien context.

Chapters Seven to Ten explore the perspectives of those at the local level. Taking the topics of health and level of education in turn, they explore the issues and concerns from the point of view of the local government representatives (Chapter Seven and Chapter Nine) and the from the point of view of the women and men at the local level (Chapters Eight and Ten). Chapter Eleven draws together the strands of the study's argument, provides a final summary, and draws some conclusions with regard to the contribution of the study to the broader understanding of the relationship between education and family planning.

Chapter One

Health and Schooling in Niger: An Introductory History

NIGER

Context

The Republic of Niger is located between 11°37' and 23°23' northern latitudes, and borders on Mali, Algeria, Libya, Chad, Nigeria and Burkina Faso. The vast majority of its 1 270 000 square kilometre area is located in the Sahara region. Only a thin strip of land approximately 240 km wide across the southern border is considered Sahelian¹, yet, because the majority of the Nigerien people make their livelihoods here, Niger is considered a Sahelian country. It is this Sahelian area, constituting approximately 20 percent of the landmass of the country, which supports all of its rain-fed agriculture and most of its pastoralism (Charlick, 1991:2).

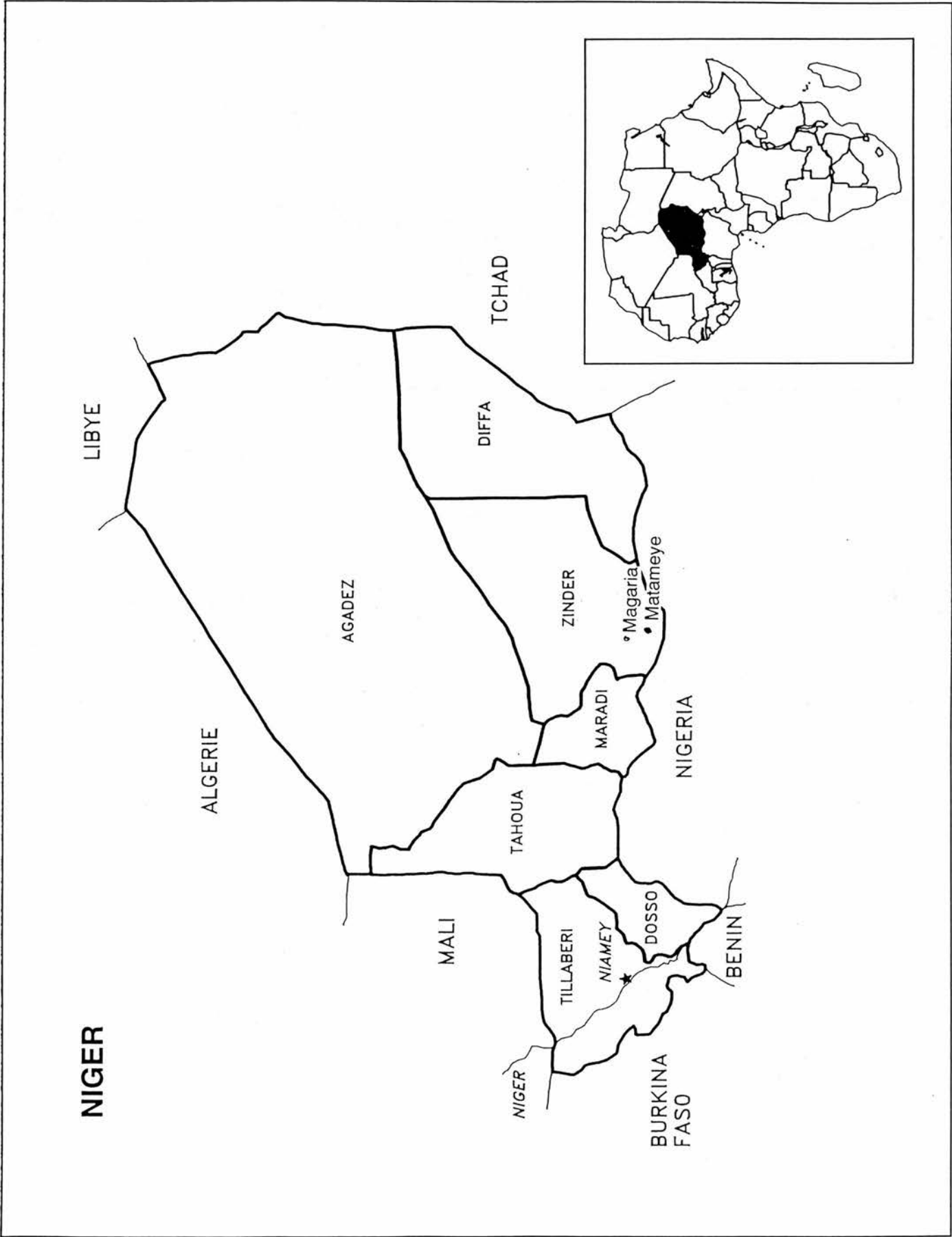
The capital city, Niamey, is located in the south-west of the country and is inhabited by approximately 350 000 of the population of about 8 000 000. Other major towns include Tahoua, Maradi, Zinder, Agadez, Diffa and Dosso (see map, Figure 1.1). The main language group is the Hausa who make up approximately 56 percent of the population and who inhabit much of the south-eastern areas of the country as far east as Diffa. The second largest group is the Djerma who make up 22 percent of the population.

Introduction to the French Administration

French direct rule began in 1898 with an armed military intervention, and continued in 1922 when Niger officially became a French colony. While making their way through the western areas of Hausaland, the early military missions, short of personnel and resources, and unexpectedly confronted by resistance from the Hausa, used excessive force, annihilating whole villages and taking with them thousands of men and women as captives. Fuglestad (1983:61) observes that the Voulet-Chanoïne mission, coming from the West through Say and Birnin Konni, took a heavy toll both on

¹ The "Sahel" is the semi-arid ecological region sandwiched between the arid Sahara desert to the north and the grassland Sudanian zone to the south.

Figure 1.1



the Hausa spirit and their population, and were responsible for as many as 5000 or more casualties.

It is not surprising, then, that the Hausa went on to adopt what Fuglestad (1983:108) refers to as a "passive resistance" approach to the French. Continuing to be resistant to attempts to be integrated into the French style of administration, the Hausa were both reluctant to collaborate or to revolt openly. During the early colonial period, large numbers migrated to the south where, in contrast to French direct rule, the British, according to a policy conceived by Frederick Lugard², were consolidating a system of indirect rule in which "Hausa political systems and practices were to be modified but without undue upset to Hausa society" (Miles, 1994:92).

The Djerma in the west, on the other hand, while putting up fierce resistance to the French initially, were worn down from a century of war with the Fulani and the Tuaregs, and were conquered relatively quickly between 1898 and 1906 (Charlick; 1991:35). Djerma leaders seemed to have been more amenable to taking on the new system of administration; one which allowed them to maintain (and in some cases augment) their degree of power and authority over their communities (Charlick; 1991, Fuglestad;1983). By 1927 the French base of operation was so secure in Niamey that the capital was moved there from Zinder.

The Impact of Niger on the French Direct Rule Policy

While the French chose to practise a form of "direct" colonial rule in Africa in general, they were so severely understaffed and under-resourced in Niger that the approach had to be modified to a certain extent. The idealistic approach of "assimilation" was based on the theory that, if the local people were ruled by French officers and exposed to French culture and beliefs, in due course they would become westernised and "modernised". In Niger, however, French administrators were forced to utilise existing local, traditional rulers to carry out the day-to-day tasks of governance. With the Hausa, the strong, centralised authorities already in place were utilised, and in the case of the Djerma, the powers of existing aristocrats were simply extended or new district chiefs created (Charlick; 1991:35).

² For further reading regarding Lord Lugard and the British policy of indirect rule in Nigeria, see: Frederick Lugard (1906/1970) *Political Memoranda*. London: Frank Cass.

In order to maintain a level of respect and belief in their power, the French periodically exercised their authority, "resorting to heavy-handed methods to demonstrate that they were still in command" (Fuglestad; 1983:86). Miles comments:

Logistical problems - vastness of territory, difficulty of communication, the isolation of outposts from higher levels of authority - intensified the usual French effort to retain near absolute control....The farther from the capital in Niamey one went - in this case, hundreds of miles to the east in Hausaland - the more powerful one could expect to find local administrators. (Miles, 1994:95)

Local leaders, particularly those who were appointed to power with little or no traditional legitimacy, often realised that their own hold on this power and prestige was tenuous at best, and were quick to make as much profit from their position while they could (*ibid.*). Local people seemed to have suffered as much from their own administrative leaders as from the French (Charlick, 1991:35-6).

One of the central elements of French assimilation policy in Africa was the implicit assumption that, in return for French culture and modernisation which it was assumed would be well received (Miles, 1994: 127), colonised countries would be able to supply the colonisers with their abundant resources. However, because they lacked any kind of resource (uranium was not discovered until 1958), Nigeriens did not benefit to the same extent as the better-resourced coastal countries, and in many ways suffered (Moulton, 1977:121-2). Instead, in order to be "colonised", local people were forced to pay huge taxes despite drought and human suffering of epic proportions (Fuglestad, 1983; Miles, 1994). Throughout "the Great Famine" of 1913-15 (referred to *kakalaba* or "hollow belly" in Hausa), the French also continued to claim precious stores of millet for their own use (Fuglestad, 1983). In later years, in order to prevent further famine, the French began an imposed scheme of storing surplus grain at the village and canton levels. The scheme was almost universally hated because it ignored more traditional methods of grain storage which utilised extended family support systems (Charlick, 1991:38). Well-intentioned or not, it would appear that over the years, the French administration's tendency to requisition and plunder village

resources, both agricultural and human, left a legacy of fear and scepticism of any kind of administrative intervention.

Post-Independence Challenges

Past Health Interventions in Niger

Miles (1994:133) states that, while the British Annual Report for Katsina Province in Nigeria noted activities relating to medicine and sanitation as early as 1934, the French reports for the Magaria district in Niger in 1953 concentrates on political reporting and does not mention health or education. Fuglestad (1980:170) reports that the French did not place significant funding into social investments (i.e. sanitation, health, agriculture) until 1954 - only six years before Independence.

In the first fifteen years after Independence there was a good deal of capital-intensive clinical medicine which emphasised training health professionals and constructing clinical medical facilities, for the most part in Niamey and the other urban centres (Horowitz, 1989:2). At the same time, however, Niger was active in attempting to put in place an extensive rural health programme. In the early 1960s, the Village Health Worker programme aimed to have four local people (two women and two men) trained in basic primary health care in every village. Horowitz speculates that the programme did not thrive because of conflicts between the different ministries involved:

Although the training seminars took place in hospitals, under the supervision of physicians, these front-line medical workers were not responsible to the Ministry of Health, but to the *Direction de la Promotion Humaine*. In other words, they formed part of the rural animation cadres³ and not those of the health services. This separation, combined with the attitude of the Ministry of Health staff that was, at best, ambivalent and, at worst, actively hostile, often served to subvert the contributions that might have been made by these teams to a more effective improvement in the health status of villagers. (Horowitz, 1983:3)

³ For more background on rural animation and the co-operative movement in Niger see: Maman Sambo Sidikou (1994) *Adult Education and the Cross-Cultural Transfer of Innovation: A Critical Analysis of the Rural Organizations Development Policy in Niger*. unpublished doctoral thesis, Florida State University, College of Education.

Belloncle and Fournier (1975:18) reported that levels of animosity got to the stage that nurses refused to treat patients brought to them by Village Health Workers, telling them to be cured by the extension agents. The Village Health Worker programme only lasted as long as USAID continued to fund it in the mid 1980s. In the Zinder department, where the rural portion of the study took place, rather than achieving a level of self-sufficiency, the programme struggled, existing for the most part in name only, until CARE International began its Integrated Health Project in 1991, which revitalised the Village Health Worker programme in selected villages (I: Farnsworth, 1992⁴).

For the most part, it would appear that villagers relied and continue to rely on medicines and cures obtained from a variety of sources within their own community (Darrah, 1980; Schmoll, 1988; Horowitz, 1989; Keith, 1992). Options for guidance or treatment include a visit to the *boka* (medical specialist), the *wanzamma* (barber) or the *marabout* (Muslim priest). Equally, older women are considered to have a substantial knowledge of the healing properties of herbs and leaves (discussed further in later chapters). Elsewhere in Niger, the Village Health Worker programmes have been assisted by the German government.

Past Education Interventions in Niger

Despite the rhetoric of assimilation policy, very little in the way of schooling or social development took place in much of French Africa in general (Hargreaves; 1967:128), and Niger in particular. It appears that the administration was interested in formally schooling only the minimum numbers they needed to govern the country (Inné, et al., 1995; Fuglestad, 1983:120). The French prohibited teaching in local languages and forbade the missionary schools to offer formal education in the colony (Fuglestad; 1983, Horowitz; 1983, Charlick, 1991; Cooper; 1992; Miles, 1994). The combination of, on the one hand, the lack of an educated populace and on the other, relatively limited investment in infrastructure during the French administration created numerous problems for Niger at Independence in 1960 (Moulton, 1977:121).

Charlick (1991:36) reports that in 1956, when Niger gained internal self-rule through the French Overseas Reform Act, only 2 percent of children were enrolled in

⁴See Appendix Seven for an alphabetical listing of oral interviews.

primary school: "Until the end of World War II, the only way a Nigerien could obtain the equivalent of a high school diploma was to go to Ecole William Ponty in Senegal" (*ibid.*). In 1960, at the time of Independence, only 3.6 percent of children between the ages of 7 and 12 went to school. While girls had been legally able to attend school since 1929, most of that 3.6 percent were boys⁵. According to Salifou, former Director of Pre-school and Primary Education, the poor educational infrastructure was indicative of the French colonial approach which placed their own administrative needs over any attempts to develop social systems which would benefit Nigeriens. She stated:

Before Independence there were only seven schools. They wanted to train students to speak French and do the work of the colonialists; not to learn about their own country. No one was interested in [education] then because it wasn't relevant. (I: Salifou 1995)

Cooper elaborates on how the French dictated who would benefit from education:

Rather than replace the "unenlightened native rulers" with colonial officers, the French left local rulers in power but chose and appointed them carefully for their usefulness and loyalty to the French administration (occasionally creating "traditional" rulers where they were needed but did not yet exist)....In this context schools were explicitly intended for the children of local aristocrats likely to inherit their elders' positions: Western education would make them better and more useful liaisons between the local communities and the French administration. (Cooper, 1992:266)

Further, she reports that their reluctance to allow missionary organisations to set up schools was politically motivated:

The French preoccupation with a possible resurgence of Islamic resistance among the conquered population created an enormous hesitancy to promote any educational effort which might be interpreted as undermining the Muslim faith and thereby provide a rallying point for dissident factions. (*ibid.*, 1992:268)

⁵These statistics were provided by Eugenie Salifou, former Director of Pre-School and Primary Education, and now Inspector of Primary School Education.

Miles (1994:229) observes that the foremost fear of Hausa parents was the fear that government schools would “de-Islamicise” their children. Whereas, by incorporating religious teaching into the curriculum, the British helped to defuse some of these fears, the French insistence on separating government and religious schooling added to the migration over the border into Nigerian Hausaland (*ibid.*: 139). Suggestions from French colonial teachers in Magaria that the school curriculum be adapted to reflect the socio-cultural structures of Niger were ignored and:

the low standard of education in the district [of Magaria] remained a sore point....Perhaps more counterproductive was the friction that resulted as the French continued to impose an unpopular education programme on an ever-resistant population - friction not unlike that engendered by military conscription. (Miles, 1994:141)

When the French colonial period came to a close, Niger was left with a legacy of poor national infrastructure and a populace with little formal education:

Because of neglect during the colonial era, Niger at the time of its independence had one of the weakest political systems in West Africa. The most urgent problem for the new national leadership was to fill the posts left vacant by French colonists who had departed without preparing Nigeriens to replace them....Thus, with independence, the government was left without an administrative infrastructure to insure order and regulate activities. (Moulton, 1977:121)

The country struggled to find the educated and experienced nationals to fill the spaces left by the departing French and to establish a vision of the future for the newly dependent country. Since 1960, the primary school enrolment rate has increased to 28.5 percent in the 1993/94 school year; of this only 36 percent were girls (Ministère de l'Education, de l'Enseignement Supérieur et de la Recherche, 1993). Thirty-five years after Independence, the country continues to struggle with the same debilitating lack of educated youth.

CURRENT SOCIO-ECONOMIC SITUATION

The modern Nigerien economy is in a poor state. Proceeds from uranium exports, which in the 1970s contributed more than 70 percent to State revenue, have been decreasing. The collapse of the uranium market, due to competition from the former Soviet Union and to pressure from environmental and ecologist groups to move away from nuclear energy programmes, has resulted in a reduction of approximately 50 percent in State revenue over a period of ten years (Pagni, 1994:14). Agriculture, which currently makes-up over a quarter of the country's GDP and employs 80 percent of the working population, is precariously dependent upon the inconsistent rains.

Hopes for the future are largely being placed on petroleum and gold - both of which depend on financial investments from outside the country. In the past, Niger has been dependent upon France both as main purchaser of their exports, and as main source of public assistance. Yet, with a declining interest in Niger geo-politically and a declining interest in the uranium market, France's interests in supporting Niger are waning (Charlick, 1994). Further, the *coup d'état* which overturned the democratic government in January 1996 has resulted in the indefinite suspension of most donor aid⁶.

The population is thinly distributed with 83 percent living in rural areas (Kourgeni *et al.*, 1992: 16). Transport is problematic, with only 12 000 km of roads in the country's national and international network (Pagni, 1994:16), only 2 000 km of which are all weather roads (Charlick, 1991:90). Lack of transport limits the ability of programmes to reach a large percentage of the population. Chapters Seven, Eight, Nine and Ten discuss the difficulties of access for health and education programme provision.

The state is finding it very difficult to raise funds from within the country. Economic activities are divided into three broad sectors: the rural, agricultural economy, the "modern" economy and the informal sector. "Modern", in this case, is defined more by the fact that people receive wages for their work than by the presence

⁶Presidential elections took place in July 1996 and general elections are due to take place in November. However, opposition parties state that annulment of the Presidential elections and monitoring of further elections are a pre-requisite for their participation in any future elections. See "Niger - Electoral Conditions" (1996) *West Africa*. September 16 - 22, 1996. p. 1459.

of modern technology (Charlick, 1991:91) and accounts for only three percent of the labour force (Jabara, 1991). The large informal sector operating within Niger⁷ has meant that a good deal of the country's economic activity has gone untaxed - in 1992, only seven percent of GDP came from tax revenue (Pagni, 1994:27). The State's inability to raise revenue from these sources has profound implications for its ability to maintain health and education programmes. Equally, the growing civil service wage bill drains a huge portion of the funds which do exist. The following section looks at how the GoN has been attempting to address these issues through structural adjustment while at the same time introducing a democratic system of governance.

Structural Adjustment Efforts In Niger

As background to the aspects of population and education policy development, it is important to provide an outline of the political instability in Niger over the past years. It has often been argued that the Structural Adjustments Plans (SAP) have been problematic if not detrimental to many countries in sub-Saharan Africa, and Niger's situation is no exception.

During its uranium boom years between the mid-1970s to the mid-1980s, the GoN diverted a disproportionate amount of its revenue to building up and providing employment for the urban élite classes (Jabara, 1991; Gervais, 1992; Charlick, 1991). The ranks of government employees and parastatal administrators swelled during this time as the state took over much of the existing private industry (for example: peanut processing, leather tanning, paint production, rice, millet and textile production), most of which had been established through the efforts of foreign interests. The purpose of the government take-over of the profitable industry was to "Nigerienise" them, and to enable the government to use the profits to benefit the country. By the mid-1980s, the industries were floundering (in part due to drought and famine, and in part due to mismanagement), the government was heavily in debt, and in 1986 the GoN signed its first SAP with the IMF. The essence of the programme was that the government agreed to release its stranglehold on the economy by privatising the industries it controlled, formalising and taxing the informal sector, and allowing market forces to take over.

⁷ For more reading on the informal sector in francophone West Africa, see: Fred Fluitman and Xavier Oudin, (1991) "Skill Acquisition and Work in Micro-enterprises: Evidence from Lomé, Togo", Discussion Paper No. 31. Geneva: ILO.

The elements of SAP which were particularly difficult for the GoN to implement were those which related to the numbers of government employees maintaining the bureaucratic structures inside the government and within the parastatal organisations. The SAP stipulated that the GoN freeze the salaries of the civil servants and reduce the numbers it hired, but the GoN chose not to apply the requirements equally across all levels of the civil service. As Gervais (1992) observes, the government - wanting to keep the good favour of the largest block of educated élite - actually increased the top-level, well-educated civil servants by 233 percent and decreased the lowest level - those that were low educated or uneducated - by 98 percent. While funds to social services such as health and education were reduced, the ranks of the civil service continued to grow and, by 1989, salaries accounted for 65 percent of the annual budget (*ibid.*).

The Impact of Evolving Power in Niger

In the period since 1990, Niger has been attempting to introduce its own system of democracy. The process began with the “National Conference” that lasted for four months between July and November of 1991. During the National Conference, a structure of democratic mechanisms for elections was developed and, following a seventeen-month period of transition, a new constitution was adopted and the first democratic election took place at the beginning of 1993. The euphoria was short-lived, however, and by the end of 1993, the coalition government was in difficulty. The main source of the problem was Niger’s precariously balanced economy.

Efforts towards building democratic governance brought temporary economic relief in the form of piecemeal assistance from the donor constituency. However, unable to make salary payments to government employees during the period of transition, the government was forced to deal with civil service strikes and protests. Perhaps most relevant to the subject of this study was the effect of the strikes of civil servants working in education and health. During the strikes health centres and schools were closed for days at a time, and because of time lost to strikes, the school years of 1991-92 and 1992-93 were declared *années blanches*⁸. Children were forced to abandon their schooling two years in a row.

⁸ “*Années blanches*” are school years cancelled due to strikes.

Once the 1993 elections were over, the coalition government had to find some way of planning for the longer term. Essential to these plans were efforts to meet with SAP stipulations. While promises of job security had been made in the heat of the campaigning, once again discussions about the need to cut down substantially on numbers of civil servants began, and government employees who had frequently gone without salary payments began to strike in protest against the proposed cuts and to demand previous months' salaries.

The Role of the USTN

The Nigerien Confederation of Workers' Union (USTN) is the umbrella group under which all of the individual professional unions fall. Unions have been present in Niger since the late 1950s, the time of the Independence movement. Originally affiliated with the French Communist Union and the West African radical union, Niger's unions have largely been controlled by the government in power. The current USTN was created during the 1970s when the incoming Kountché government dismantled the old union and replaced it with its own organisation. Charlick (1991:85) argues that, for the most part, the unions have been the pawns of the state with very little real political power. It was only in mid-1990 when, as the government was beginning to consider the move towards a democratic system of governance, "the USTN took the unprecedented step of calling a general strike for higher wages and protection against dramatic cuts in employment" (*ibid.*). The unions saw for the first time the power they were able to exercise, paralysing both the government and the modern sector of the economy. Throughout the 1990s the unions have continued to demonstrate their collective strength, frequently calling general and block strikes in protest against government policies.

Made up of most of the educated élite in Niger (save for those in the military or the tiny minority who have gone into private enterprise), the USTN represents the products of almost all of the post-secondary education in the country. Jabara (1991) reports that the formal sector accounts for only three percent of the labour force, of which the government administration comprises 45 percent. The individuals in the union are, largely, the success stories of the education system (see following chapters). As such, and as civil servants, they have come to expect to be well paid and to have

life-time security provided by the government. It would seem that they have felt their security increasingly threatened since 1990, and have mobilised support throughout the country in order to protect their interests. As a result, during the National Conference and the election in 1993, they were able to exercise a great deal of strength in voting blocks.

It should come as no surprise, then, that when the coalition government once again began to threaten its security, the USTN mobilised, organising strikes all over the country. By the end of 1993 and the beginning of 1994, strikes and disputes had again put the school year in jeopardy. Merritt comments: "the tremendous political power of this block, especially in a democratic process, commands negotiation rather than accepting dictates [of the government]" (1994:43-4). Clearly the USTN and its smaller professional unions had come to expect to be able to influence the government during the transitional period, and when the elections were over and they were expected to step back from the process of governance, they were reluctant. Mohamadou Issoufou (Prime Minister from 1993-94) made the following statement regarding the USTN's protests over state expenditure cuts:

The unions played an important part in the country's democratisation process, and it may be this recent contribution which has encouraged them to start going beyond purely economic demands and try to influence the policy of the Government. We hope that the unions will confine themselves to defending the moral and material interests of their members in the future, now that credible, democratic institutions have emerged from the political crisis. (Pagni, 1994:29)

The government struck a deal with the USTN in March of 1994 and the civil servants went back to work. By the end of the year, however, the coalition government had broken down, another election was due to take place in January 1995, and the civil servants were on strike again over lack of pay, job security and poor work conditions.

The impact of the economic difficulties and of strike action has been extremely detrimental to the social sector in Niger (Salifou, 1989). In 1994, just after taking his position as the first democratically elected President of Niger, Mahamane Ousmane summarised the country's economic situation:

Our economic situation is difficult and the weakness of our natural resources and finances has a lot to do with it.... Its once substantial earnings from livestock products have dwindled, so the State coffers are depleted and the country's investment possibilities cramped as a result. And, of course, when things were going better, the country embarked on investment programmes and ran up debts which it cannot pay back, now that its financial resources are diminished. All of this has combined to prevent us covering the cost of our own sovereignty (civil service wages, the everyday running of government, etc.)... [During the period of transition before I took power] the situation got worse. The state coffers were practically empty and civil service wage payments were four or five months behind. (Pagni, 1994:21)

The outcome of the 1995 elections did not improve the situation. The party of President Ousmane did not win a majority government and, after weeks of inaction, the parties settled for a coalition government. After further weeks of squabbling, Hama Amadou was selected and accepted as Prime Minister and was installed in office at the end of February 1995. Charlick (1991) argued in his book, *Personal Rule and Survival in the Sahel*, that the history of politics and governance in Niger has been typified by individual rulers who place the protection of their own power and security before the country's development needs. The power struggle between Ousmane and Amadou has proven to be no different. Ola-Davis (1996) comments on the events that followed Amadou's appointment:

Thus began the long and tortuous political journey. Ousmane refused to preside over weekly ministerial meetings for various reasons [thus preventing any government business being carried out].... It was clear, henceforth, that the battle between the two men centred on personal or party interests rather than that of the nation. (Ola-Davis, 1996:178)

While the government was paralysed by the clash between its Prime Minister and its President, it was unable to formulate any plan of action for the country. Outside the *Palais du Congres*, the USTN, still unpaid, continued to demonstrate the ease with which they could bring the country to a standstill with their general strikes. It is against

the background of these ongoing political manoeuvres that the issues of education and family planning have vied for attention and precious economic resources.

The Effect of Political and Economic Conflict on Family Planning and Education in Niger

Niger's political and economic development has had profound implications for the government's ability to organise health and education structures. The long history of conflict, coercion and power struggles between the central, middle and local levels has left an understandable element of scepticism of state intervention on the part of local inhabitants. Different government services rarely work together on projects, and collaborations tend to be the result of individual initiative rather than policy directive. Examples of the resulting absence of integration of services include agriculture extension agents who promote better cultivation techniques but do not address issues of population pressure on food security, and teachers who provide primary education but do not address issues of family planning.

Increasing economic pressures on the Nigerien government are further challenging its ability to provide essential services and development opportunities to its people. This, combined with a history of interventions and agents less than concerned with the well-being of the community, has resulted in a current situation in which agents struggle to cope with inadequate resources and a sceptical if not uncooperative target population, and in which local individuals are more likely to depend on the behaviours and practices that they know than place confidence in those services that have failed them so often in the past. The services that are available are very limited. There is one doctor for every 48 000 inhabitants, and the majority of the doctors (60 percent) and midwives (50 percent) are concentrated in the medical centres in Niamey (Pagni, 1994:15). This is all the more striking when it is considered that 83.3 percent of the population live in the rural areas. Equally, schooling has declined as a result of the absence of state investment over the years and Niger is amongst the five worst schooled nations in the world with only 29 percent gross enrolment (Forum Consultatif International sur l'Education pour Tous, 1996:44). Neighbouring countries of Mali and Burkina Faso have gross enrolment rates of 25 and 38 percent respectively (*ibid.*).

Niger poses particular challenges to the successful introduction of a family planning programme. The total fertility rate is 7.4 live births per woman, one of the highest in Sub-Saharan Africa (Kourgeni et al., 1992:31). The contraceptive prevalence rate is very low with only 2.3 percent of women using a modern method of contraception (*ibid.*: 48). The combination of very young and very mature mothers giving birth to an average of seven children in quick succession has resulted in a high maternal mortality rate of 671 per 100 000 live births (*ibid.*: 152). Directly related, and equally alarming, is the combined infant and child mortality rate which indicates that 346 per 1000 children (one in three) will die before their fifth birthday, the highest in Sub-Saharan Africa (*ibid.*: 135). Vaccination programmes and maternal and child health initiatives have, thus far, failed to improve these figures. Most of Niger's population remains pronatalist; modern notions of reproductive control are often incompatible with local understandings. Islamic groups lobby strongly against the provision of any form of contraception, challenging the aims of the national Family Health and Demography Project (FHDP) and the Department of Family Planning (DFP). The population policy, adopted in 1992, avoids any mention of birth control or population reduction, but does propose an increased emphasis on improving educational opportunities for girls and women, and for the inclusion of population issues in the school curriculum.

SUMMARY

This chapter has provided an historical backdrop against which the study will be set. The following chapters explore, first, the evolution of population and education policies from the 1960s to date, and, secondly, the impact this discourse has had both on Nigerien individuals at the local level, and on the Nigerien government's ability to adapt the internationally driven policy initiatives to the political and economic requirements of its nation. Before beginning the discussion of the study's findings in Chapter Three, Chapter Two outlines the research methods used in the study.

Chapter Two

Methods

INTRODUCTION

This chapter outlines the scope of the research and the type of framework of inquiry adopted for the analysis. It explores the necessity of integrating a micro-level assessment of national and local perspectives on education and family planning with an understanding of the over-arching macro-level framework. Further, the chapter discusses why the study traces education and family planning development interventions from their inception at the international discourse level, through the Nigerien national policy development process to local level responses to the initiatives in their final form. Finally, it explores the challenges of qualitative methods of data collection, and summarises the justifications for the adoption of this method for the purposes of this study.

Evaluating Development and Change in Nigerien Fertility Policy

The educational aspects of the Nigerien programme for change in fertility practices operate in two guises, one explicit and the other more potentially covert. The former, the Information, Education and Communication (IEC) component of the family health programme, aims to provide women with greater reproductive choice, largely through increasing awareness of the availability of contraceptives. The second element of the programme for change, increasing girls' levels of formal education, hopes to achieve its goal by more subtle and indirect means. The inclusion of the provision of primary education for girls within the population policy serves a dual purpose. Outwardly, it aims to improve the quality of life of women and their families through increasing their levels of education. Equally, despite there being little understanding of the perceived relationship between increased levels of education and decreasing fertility rates, an underlying goal of decreasing fertility rates is also anticipated.

Inquiring into the impact of both formal and non-formal education interventions on fertility rates made it necessary to begin to examine the influential variables of the education and fertility relationship. This, in turn, required a continually reflexive exploration of attitudes towards education for girls, the role of all forms of education (including western formal primary schooling) within the society, and how individuals were experiencing and reacting to reforms in formal education. The results from this part of the study provided some understanding of the position of education, in all of its forms, in the social-cultural context. The findings were equally important for the second strand of the study: to examine the extent to which the policies and structures promoting education, as well as the process of their implementation, were reinforcing or confounding the underlying objective of reducing fertility.

The Three Levels of Inquiry

International

An understanding of the international discourse on education and family planning was primarily derived from bibliographic research. The evolution of the development debate from the 1960s to the present day was explored in order to highlight the changing role that population concerns, particularly education and family planning, have played within shifting development paradigms. Interpretations of changes in discourses on education and fertility, within wider population debates, required an understanding of the indicators produced at the international level. These indicators, in the form of policies, patterns of influence and dialogues between key organisations, are particularly relevant to the process of analysis because they are the starting point of the development intervention. Analysis of policy documents from the early development decades provides an historical context for present positions. Equally, more recent documents and studies indicate the current positions of influential individuals and organisations. For the most part, the policy-based sources of information are of the input-output oriented form (Vulliamy, 1989), with little reference to the socio-cultural contexts of the target groups. Nonetheless, analysis of these sources is important both for what they articulate themselves (i.e. methods of implementation and evaluation) and also for what they indicate either through statements or silences about the extent of their relationship with, and understanding of, social groups at the micro-level.

National Level Discourses

The interpretation of international documents, texts and patterns of influence is central to this analysis because it reflects the development of similar sources at the national level. Parallel debates and discussions take place over issues of population, education and fertility throughout the national discourse, in part because international debates heavily influence national policy-making and planning agendas, but also because national governments and their agents are going through their own process of determining direction for the future.

While outcomes at the international level affect national debates, the national policy-building and implementation activities take very different forms from those in the international context. The products of the national discourses include policies, but also include more substantive products in the form of locally-based research, primary school curricula, training programmes for health staff providing family planning services, and IEC programmes aimed at raising awareness and changing attitudes. Analysis of national discourses is integral to the process of inquiry both for what they are able to say about development programme directions, and for what they articulate about the relationship between the international influences, themselves and the society within which they are operating.

Attempting to collect copies of national policy documents in Niger can be difficult because often only one or two copies of government publications exist. This phenomenon is interesting for what it indicates about information dissemination within ministries and organisations. For example, in the case of the Nigerien "Education For All" national education policy document, there appeared to be only one copy held by one person in the Ministry of Education. Thus widespread understanding and familiarity with the document and its contents had been limited by its unavailability. Interviews with various officials within the Ministry of Education, who were reluctant to comment extensively on the policy because of their limited awareness of it, provided names of the people responsible for the document. In the context of this research, it was often the case that, rather than relying on copies of official policy documents to provide an indication of the direction of the government's position on a particular issue, information for the study was gathered through interviews with senior ministry officials who were, themselves, rarely clear on present policy or future plans.

Examining the relationship between national level debates with their international sources of influence can be valuable from a formal policy-based vantage point, but a complete understanding of the on-going negotiation of the relationship and its implications for the future comes only when those patterns are placed alongside their interpretation and re-interpretation within the socio-cultural context of the agents of change. Here, at the inter-personal level, those policies or programmes which may already be compromised by financial or infrastructural limitations will be further influenced by the social framework within which both major and minor government officials are bound to operate.

In illuminating the process of transmission and interpretation of the international policies at the national level, the study examines the background of education and fertility policies both within the context of population programmes, and as interventions connected explicitly with health or schooling, and explores the government's responses to them. The analysis examines official policies, programme proposals, reports and studies in order to develop a picture of the official stance of the Nigerien government towards education for family planning. Most of these sources were collected from ministry sources or from the libraries of the Nigerien offices of CARE International, the United States Agency for International Development, the Dutch volunteer organisation, SNV, and the humanities library at the national university. Further direction was received via the internet and contacts made through the Friends of Niger website. Additional sources were collected from the International Development Research Council (IDRC) West Africa office and the UNESCO regional office in Dakar, Senegal. Of equal importance, however, were the information and insights gained through interviews with government officials which illuminate an environment in which policies are continually compromised for complex reasons which became apparent in the course of the study.

Local Responses Within the Context of Socio-Cultural Frameworks

Analysis of texts and policies concerning development would be incomplete without also understanding how they are interpreted, acted upon or ignored at the micro-level. In order to understand responses to the introduction of change, the inquiry must examine the social phenomena as experienced by all the players in the system.

Programmes for development have been advocating a reduction in total fertility rates in developing countries since the 1960s and, while there is an indication of a slow decline, some argue that the changes are not happening rapidly enough (Ehrlich and Ehrlich, 1990; Ehrlich, *et al.*, 1993; Harrison, 1992; Brundtland, 1987). Since the late 1980s and the introduction of the multi-sectoral approach to development, population programmes have relied heavily upon the assumption that increasing education will decrease fertility. While Cochrane (1979; 1980) has indicated that relationships do appear to exist between education and fertility in statistical studies, the relationship has not yet been shown to be causal and understanding of how exactly the change is experienced continues to be nebulous.

It is essential that those issues which continue to cloud understanding of the relationship between education and fertility be clarified. Having traced the evolution of policies and programmes for development interventions from the international to the national level, the introduction of those interventions through local government workers must also be explored from the perspective of health and education representatives, and from the point of view of men and women in the local areas. This means interviewing, observing and debating with teachers, health staff, women and men, religious leaders and local opinion leaders. The purpose of this aspect of the inquiry is not only to place notions of education, fertility and childbirth, and gender relations into a socio-cultural context, but also to understand how the process of change is being experienced and interpreted at the micro-level.

Interpreting how people perceive their own fertility, what systems of education are in place and how people are experiencing this education as a part of the process of change required that a number of qualitative research techniques were employed. Focus groups with men and women were used to establish basic social norms and to probe people's understanding of them. Individual interviews were used to investigate more sensitive areas of the issues around fertility and to acquire more in-depth information about systems of education.

DATA COLLECTION

The study took place over a three-year period from 1993 until 1996. Fieldwork took place in two phases: the first from April to December of 1993, and the second from January to May of 1995 (see research schedule, Figure 2.1). Research in Niger was divided between rural and urban sites. Work in rural areas was carried out in the eastern department of Zinder (see map, Figure 1.1) and the urban work was carried out in the capital city of Niamey, which is approximately 900 km to the west of Zinder city.

Reconciling Theoretical and Practical Dilemmas

The multiple-levelled aspect of the study demanded an approach to the research which could incorporate both macro and micro-levels of study. For the micro-level aspect of the study, given the opportunity, an ethnographic approach would have produced a rich source of data resulting from in depth research done over a long period of time. However, given the time and financial constraints, the option of situating myself in a community for a year or more was not feasible if I was going to include the macro aspect of the study. Funding for the study came from a number of sources including the ODA, the Simon Population Trust, the Arkelton Trust and personal finances. Additional assistance in the form of administrative and logistical support came from CARE-Niger and the Family Health and Demography Project. In order to capitalise on the assistance available to me, the scheduling of my time in the field was often guided by the requirements of my funding sources. Moreover, the process of acquiring documents and reports was extremely time consuming; the detective work required to locate and then copy key reports and policies demanded that I spend a good deal of my time in Niamey. In order to go beyond these limitations and be able to incorporate the two central strands of the study, a multiple-method approach was adopted.

The Participatory Rural Appraisal (PRA) approach was particularly useful because it provided a reliable, ethnographically based framework for collection which was also efficient. Chambers (1992:14) cites the following as some of the key principles of PRA: triangulation (the use of multiple methods to cross-check); optimising the trade-offs between quantity, relevance, accuracy and timeliness; seeking diversity (i.e. looking for and noticing contradictions and anomalies); and learning rapidly and progressively by being adaptable in the learning process. In order to be able to

Figure 2.1: Schedule of research in Niger, 1993-1995.

April to December 1993

April - Niamey

- getting permission to study, meeting people
- beginning collection of resources
- speaking to Family Planning Division, Family Health and Demography Project, Health Education Division, CARE and USAID

May to July - Zinder

- meeting officials; choosing villages, etc.
- working in test village, developing and testing questions; refining translation and direction of questions with CARE national staff
- moving between Village A and Village B conducting focus groups; talking with health staff in health centres
- initial reading and developing questions for interviews with women; refining translation
- moving between Village A and Village B interviewing women, and marabouts, chiefs, bokas, grandmothers. etc.
- reviewing material
- return to Niamey and complete report for CARE

August to October - Niamey

- visiting health centres and Nigerien friends of friends to practise and test questions; gaining permission from local chiefs and mayor to conduct the study
- focus groups, interviews with health staff, observations at the health centres, chiefs, etc.
- assessing results, refining interview questions and practice at a health centre
- interviewing women in health centres
- reviewing results
- writing report for the Family Planning Division and the Family Health and Demography Project

November to December - Niamey

- interviewing Family Planning Division staff regarding their responses to the study's findings, contacted UNFPA, USAID, CARE, Family Health and Demography Project staff, National Immunisation Project, UNESCO, World Bank

January to May 1995

January to February - Niamey

- organising research permit; receiving permission from the appropriate people
- interviews with Ministry of Education and Direction of Family Planning People
- contacting CARE, USAID, UNICEF, GTZ, SNV, condom social marketing, World Bank, International Women's Education Project

February to March - Zinder

- with help of CARE office, selected villages, received permission to conduct study
- split time between Village C and Village F doing focus groups and then interviews
- interviewed government representatives in Magaria and Zinder

March to April - Niamey

- carried out focus groups and interviews in Niamey

April to May

- interviews with Ministry of Education and Direction of Family Planning regarding study findings
- interview representatives of UNICEF, CIDA, USAID, consultants, national women's groups

develop a rigorous analysis of beliefs and responses to education and family planning programmes at the local level I chose to use a combination of interviews, focus group discussions and some of the PRA techniques. Using the focus group discussions and PRA activities to explore the broad parameters of the issues from the local perspective, topics or themes that would benefit from individual, in-depth probing were identified and then pursued.

Beyond these “formal” methods of information gathering, in order to make the most of my time in the villages and in the city, and in order to ensure that the data reflected the richest ethnographic input possible, I spoke to anyone willing to entertain my questions and theories at the time. When the questions for the interviews and focus groups were being developed, I made a point of testing them out on older and younger people, as well as on health and education agents. Equally, when I was in a village, any time not spent interviewing or translating was spent talking informally with whoever was available.

Clearly, the ethnographic information gathered in the study cannot be generalised to the larger population. However, using the combination of methods and informal conversations to develop an understanding of the issues within the community social structure, which was then supported by complementary studies conducted by NGOs and by bibliographic references to in-depth anthropological studies done in the area previously¹, it was possible to create a reliable interpretation and analysis of the issues of education and family planning within the local social frameworks. This ethnographic information thus fortified by additional research, is used in conjunction with meta-discourse analysis and information regarding the development of policies in Niger to create a broad conceptualisation of the education and fertility issue. The strength of the study lies in the reflexive nature of its representation of a whole chain of influence - a perspective which provides an opportunity to identify weak or non-existent links individually and to assess the cumulative effect of these problem areas on the entire system.

¹ The ethnographic references are derived from studies based in Nigerien and, when applicable, Nigerian Hausaland.

Rural-Based Research and CARE Affiliation

Data collection carried out in the rural areas was done in co-operation with the CARE office in Zinder and all villages in the rural section of the study were affiliated with the CARE Integrated Health Project (IHP). The twenty-eight rural dispensaries in the IHP target area benefited from increased support in providing infant and child diarrhoea management skills, and immunisation and nutrition education (CARE, 1992:14). In addition to receiving retraining sessions which consolidated or built upon previously acquired skills and knowledge, the health staff in the dispensaries in the IHP area also received assistance from CARE in the form of propane gas cylinders for fuelling autoclaves to sterilise medical instruments and refrigerators for storing vaccines.

In addition to the assistance provided to rural dispensaries, the IHP was supporting the Village Health Worker programme which had existed since the 1970s, but had floundered without external financial assistance. In each of the 165 villages targeted by the project, two men and two women were selected to form a village health team, and were given basic training in diarrhoeal management, infant and child nutrition, and made aware of the family planning services available at the dispensary.

The decision was made to work with villages involved with the IHP for a number of reasons. In addition to facilitating contacts with local officials and benefiting from logistical support, the study's affiliation with CARE provided an opportunity to work in those villages that had benefited from the highest degree of family planning education interventions in the area. When the research began in 1993, contraceptives had been available through the health system for five years, yet a baseline survey conducted in the department of Zinder stated that only 2.1 percent of women and 4 percent of men in the region reported ever using a modern method of contraception (CARE, 1992:28). Despite the fact that the study was based in those villages which would have had the highest level of family planning programme intervention, awareness remained very low, and few women had had any experience of modern methods of contraception. In order to ensure that the study would reflect the experiences of those who had some acquaintance with these modern methods, in the second phase of the research in 1995, the two villages were purposively selected and the rural data were primarily collected in a small dispensary village in which the local health staff had been very

active in promoting family planning education, and in a village very close to a larger dispensary village with an active family planning education programme. The data collected from these villages are discussed in Chapters Seven, Eight, Nine and Ten.

The nature of the purposive selection of the sample indicates a bias towards people who have an awareness and acceptance of modern methods of contraceptions. The implication of this bias suggests that the comments and findings of the study may create a perception of a more positive interpretation of family planning interventions than is the case in Niger generally. While the study of the use of modern contraception may be skewed towards those who have received the most contraceptive information and health care intervention, the findings and the interpretations of the underpinning sociological beliefs regarding fertility, children and the education of girls have been reinforced by additional ethnographic sources in order to balance any inherent bias.

Developing and Testing the Instruments - 1993

A test village was randomly selected from a list of villages within a 10-kilometre radius of a village dispensary offering family planning services. Here a preliminary survey of beliefs and attitudes towards pregnancy, child bearing and child spacing was conducted. Questions based on previous ethnographic studies (Saunders, 1980; Arnould and Henderson, 1982; Hitzemann, 1989; Papma, 1989; Keith, 1991; Keith 1992) as well as specific questions relating to the research goals were formed and served as the basis of these interviews. Two traditional midwives, two *sécuristes*², three men, three women over the age of 25 and three women under the age of 25, the village chief and the head marabout were interviewed. The final focus group guide was based on the information gained from the discussions with these different sources.

A focus group question outline was designed as a general guide able to be used in both the urban and rural contexts (Appendix Two). When tested in Niamey, it needed only a few adjustments in wording before being used in the study. While it quickly became clear that there was a much higher level of understanding of family planning in Niamey, the focus groups discussed the same topics in both areas. Initially, the questions were translated into Hausa by one of the research assistants with input from CARE staff. In order to ensure that the intent of the questions remained

² *Secouristes* are male First-Aid volunteers.

unchanged and that the translation was accurate, several practice interviews were conducted with Hausa speakers before going to the study villages. During the initial test groups conducted in the urban study, the questions were revised to reflect local dialect.

The data resulting from the focus groups was analysed and assessed, and from this a second set of more specific questions was developed for the individual interviews. While the same focus group questions were used for both the urban and rural phases, it was necessary to develop two different sets of individual question outlines reflecting the difference in levels of understanding of family planning, and to investigate the issues relevant to the particular milieu more effectively (see Appendix Three).

Developing and Testing the Instruments - 1995

The question outlines developed in the second phase of the research built upon the experiences of the first phase (see Appendix Four). Question outlines were developed in a similar manner to 1993, and benefited from a number of practice sessions before beginning the data collection in the selected research sites. During the 1995 study, the research began with a broad-based investigation of the villages' resources and perceptions of local problems and challenges, before focusing on the issues of family planning and primary school education. These initial village surveys were carried out using participatory rural appraisal techniques. Matrices and pie charts were particularly useful in illuminating village problems, health issues and proportional use of financial resources. Calendars were used to explore seasonal expenses, diseases, workload, food consumption, etc. Focus group formats were used, working with the same groups of older fathers, younger fathers, older mothers and younger mothers over several discussion sessions (see Appendix One).

Following the focus group discussions, individuals were identified for in-depth interviews. Life histories were recorded with women who had received some primary school education, and, when possible³, in order to gain an understanding of the male perspective, their husbands were also interviewed (see Appendix Five). Women who

³ In one case, a woman's husband was thought to be rather volatile and both his wife and the chief of the village suggested that it was not a good idea to talk to him. In one other case, the woman's husband was not available for interview.

had begun to use family planning methods were also identified and asked to participate in in-depth interviews (see Appendix Six). Friendships were developed with several individuals in both villages, and these individuals were key informants.

The focus group and individual interview outlines developed in the rural areas were used, with some adjustments, in the urban areas. Because some of these women felt that their husbands might not approve of their participation in the interview, it was not possible to record the comparative perspective of their spouses as had been done in the village.

Data Collection and Translation

The research team consisted of myself and four Nigerien women who participated at all levels of the research process both as interpreters and research assistants at various points in the study. All of the women were native Hausa speakers. Three were university-educated, and the fourth was a former school teacher.

The question outlines for the focus groups and the individual interviews were developed with input from CARE staff, health workers, teachers, and locally-based social scientists. Throughout the research process, each step was discussed at length and decisions were made as a team. After a number of practice sessions in what came to be referred to as the “test village” or, in Niamey, the “test health centres”, it was decided that during the focus groups it was best that the research assistant facilitated the discussions. For the most part, I remained removed from the discussion, acting as observer and intervening only when I thought the discussion was straying from the topic, and when a pause or distraction occurred I would request a brief summary. While my limited Hausa abilities made the situation less than ideal, I was familiar with key phrases and words which gave me cues to the direction and progression of the discussions.

Three of the four research assistants spoke fluent English, and our conversations were often a mixture of French and English, punctuated with Hausa phrases. In order to eliminate any difficulties or misunderstandings between Hausa, French and English, when we were translating and transcribing the data, we translated

into English. During the individual interviews, question-by-question translations seemed to be the most effective approach to ensuring that opportunities to follow-up details or to probe issues more profoundly were not over-looked. Each focus group and interview was audio-taped and transcribed either immediately after the conclusion of the sessions or later in the day.

Village Selection - 1993

The villages were selected from the list of the IHP villages in the districts of Magaria, Matamaye and Mirriah. The sites chosen for the research study were the villages of Village B and Village A, both located in the district of Magaria (see Map - Figure 1.1).

Village B

Village B has a population of 1304. Its closest dispensary is located in a village approximately four kilometres away. -At the time of the research, the dispensary village, itself several kilometres away from the nearest road, had a well-staffed clinic with a head nurse, commonly referred to as the *Major*, another nurse and a trained midwife. The village health team in Village B consisted of two traditional midwives and one male *secourist* who had received training from the IHP. Village B had a school, staffed by one male director and two male teachers, teaching approximately 100 children from seven to nine years of age. The village did not have its own market day and villagers instead travelled to nearby villages to sell or buy produce. The main occupation in Village B was farming and raising livestock, with some petty trading. Water shortages during the dry season restricted opportunities for vegetable gardening and villagers often spoke of the difficulties of finding enough food and water for their animals. During the months of May and June, at the end of the dry season while the research was being carried out, many of the wells within the village had dried up, and women were leaving early in the morning to walk to other wells several kilometres away.

Village A

Village A has a population of 679. The closest Nigerien market is in Sassoumbroum, but villagers also often go to the Nigerian town of Daoura. Its closest Nigerien dispensary village is also Sassoumbroum, a busy village nine kilometres away

on the main road to Nigeria. Its dispensary was also busy and, during the research, was staffed by a *Major*, a nurse and a midwife. Village A did not have a village health team, and when speaking about seeking medical help, villagers often referred to the Nigerian dispensary village of Daoura which was five kilometres away. Frequently people cited examples of travelling the nine kilometres to Sassoumbroum to find that the dispensary had no free medicine. Instead, they would be given a prescription which had to be taken to the pharmacy in Magaria to be filled; the time and expense of both the travel and the medicine was usually more than the villagers could afford. Many stated that they went to the dispensary in Daoura, Nigeria, because the medicines were much cheaper. Further, while in Nigeria, goods could be bought at lower prices to be carried over the border and sold at increased prices. Men and women alike were active in petty trading of this type. Village A also benefited from an oasis area where water was easily available all year round. Most villagers had a small plot in which they were able to grow vegetables for their own consumption and for trade. Mango, date and coconut trees in the area produced an abundance of seasonal fruit. Village A also had a school serving children from seven to nine years old, staffed by one male director and two male school teachers. The closest secondary school and medical centre were located in Magaria.

Village Selection - 1995

For the second phase of the research study the villages of Village D and Village C were selected on the basis of their proximity to both a dispensary and a primary school.

Village C

The village of Village C has a population of approximately 2000. At the time of the research the dispensary was staffed by the *Major*, and one trained midwife. In addition, the dispensary staff were assisted by six traditional midwives who aided with deliveries and post-natal care. The school had one male director and two male teachers, teaching just over 100 children from seven to nine years of age. Village C also has a small pharmacy which dispenses drugs to the village and surrounding communities, and a representative from the Agricultural Extension service of the Nigerien government. The village has quite a big market day, with traders coming from many of the surrounding villages. Men and women engage in petty trade, and are

active in dry season gardening. The nearest secondary school and medical centre were located in the district capital of Matameye, 17 kilometres away via a very poor gravel road.

Village D

Village D has a population of approximately 1000. Residents walked three kilometres to the village of Village F to go to the dispensary or primary school. Villagers travelled the distance to Village F for the weekly markets, and male village leaders preferred to travel to Village F for Friday prayers. Village F is situated on the main, paved road from Kano, Nigeria to Zinder, and is five kilometres from the border. Village D was less prosperous than the other villages in the study, and was not engaging in the levels of petty trading seen in Village C or Village B. Soil fertility in the area is poor, with areas of hard, rocky laterite forcing villagers to walk for half an hour or more to their fields. Equally, seasonal water shortages mean that one of the two village wells frequently dries up, forcing women to walk for several kilometres in search of water. The district capital of Matameye is approximately 30 kilometres away via a paved road.

Urban Districts Selection - 1993

The research conducted in the rural areas was complemented by comparable work carried out in the capital city of Niamey. While the Hausa group is the largest linguistic/cultural group in the country, the Djerma are in the majority in Niamey.

In order to maintain linguistic/cultural continuity throughout the study, the districts of Boukoki and Lazaret were both purposively selected on the basis of a high proportion of Hausa population. Both districts are on the north side of Niamey, and are within the standard 100 CFA franc taxi ride⁴ from the city centre which includes both the *petit marché* where the largest fresh food market is located, and the *grand marché* where a large range of goods is sold, from packaged food stuffs, to fabric and household items. Women's activities are largely taken up with preparing food, collecting water from the municipal tap, taking care of the children and the household. Some of the women have sheep, goats and chickens and some participate in petty

⁴ Following the devaluation of the CFA franc in 1994, this fare rose to 150 CFA francs.

commerce, selling sauces, peanuts or bean cakes in the neighbourhood. All of the men interviewed were unskilled or semi-skilled labourers. The men, if they were not currently employed at the market as labourers, tailors, water-carriers, or selling cigarettes, matches and sweets at a small table, would spend their time looking for work and talking with friends. Both districts have a Mother and Child Health Centre (MCH) offering services in pre-natal care, infant nutrition, baby weighing, immunisation and family planning. Both districts were served by primary schools, and Lazaret had one of the so-called "Experimental Schools", providing primary education in Hausa. (Experimental Schools are discussed further in later chapters.)

In both districts, it proved very difficult to engage groups of people in discussions regarding family planning. Strict conservative conventions meant that some women were unable to leave their compound without the permission of their husbands, and therefore were not able to participate in the focus groups. Tensions between different Islamic groups was also on the increase and resulted in the murder of a marabout during the time of the study. The research schedule in Niamey was also punctuated by several strikes, both by the health workers as a group and by all civil servants *en masse*. While day-to-day activities in the districts seemed relatively unaffected, there was a great deal of discussion and concern about increasing economic and security problems.

Urban District Selection - 1995

By 1995, these political and economic tensions had increased markedly. The formal and informal leadership struggles played out in on-going strikes and demonstrations contributed to the sense of instability in Niamey. Further, Islamic groups' aggressive demonstrations against the Department of Family Planning, the condom social marketing project and the attempt to pass the Women's Code contributed to a tense atmosphere which did not lend itself to discussing family planning in a public area⁵. The districts of Lazaret and Boukoki were taking a particularly conservative stance against what was generally referred to as "increasing western ways" (the introduction of democracy and women wearing western style clothing were typically offered as examples of this), and more specifically access to modern methods of contraception. Given this situation, the comparatively stable Hausa

⁵ The activities of the Islamic Associations and their effects on the Family Code are discussed further in Chapter Six.

district of Zongo was selected for the urban-based data collection. The district was situated in the centre of Niamey adjacent to the *petit marché*. The district was served by a Mother and Child Health centre and two primary schools.

Research Protocol

Village Contacts

Formal introductions and permission to conduct research were necessary at all levels. After permission had been granted from the Director of the Department of Health in Zinder city, the appropriate contacts were also made at the regional level. On arriving at each village, the village elders, including the chief, were greeted and permission to conduct interviews in the village was sought from them. For each of the initial trips to the villages, myself and my research assistant were accompanied by a senior member of the CARE staff who made the formal introductions and formally requested permission from the village chief to conduct research.

The elders were informed that we would be talking to men and women, and asked for their co-operation in finding individuals willing to participate. In Village B, Village C and Village Du, the two traditional midwives assisted us with our sample selection, and in Village A, while there was no official Village Health Team and therefore no officially trained *matrone* or *sécourist*, a male who had volunteered to become a *secourist*, and was waiting to be trained, assisted us with our sample selection.

Urban Contacts

In 1993, before beginning any of the interviews, permission was sought from the Mayor of Commune One of Niamey, who arranged a meeting with the district chiefs from both Boukoki and Lazaret. In this meeting, the purpose of the research was explained briefly, and their co-operation was requested. In 1995, we were advised that it was unnecessary to seek permission from the mayor, and went directly to the district chief from Zongo. In each case, the chiefs referred us to their local women's group leaders to help us identify participants. Meetings were then arranged with the women's leaders and the research explained. The focus groups proved very difficult to conduct in the urban areas. It was extremely difficult to get sufficient numbers of men or women in one place at the same time to conduct the sessions. Further, men and

women were far less forthcoming with their opinions and input in the urban areas which, given the political environment at the time, was frustrating but not surprising. In order to achieve a greater degree of privacy and protection from judgmental neighbours, individual interviews with women were conducted in the Mother and Child Health centres.

Sampling - 1993

Focus Groups

Women who were between the ages of 15 and 45 were targeted for the focus group interviews and in-depth interviews. The samples of women were divided into two groups according to the number of live births each woman had experienced: those mothers considered to be experienced had more than four live births, and the younger mothers had up to four live births. Simply asking a woman how many children she has does not give a realistic indicator of how many children she has given birth to because often women will not count children who have died, or will count relatives' children they have reared as their own. While these factors were recognised as having a potential influence on perceptions of family planning and family size, the choice of birth experience as a selection criterion was made because it enabled us to establish whether there was a difference between the attributes of those women who had established their fertility and had given birth to a large number of children, and those who were expected to have more. The criterion of four births also approximated halfway between no children and the national average of 7.4 children per mother⁶ (Kourgeni *et al.*, 1992).

While in an earlier section, the issue of bias was discussed in relation to the level of health intervention the villages had experienced, an additional issue of bias in the sampling procedure remains. In the rural study, our sample was made purposively of those women who were willing to participate. Although this may indicate a bias towards women who are more likely to speak favourably about family planning, women who expressed scepticism or who dismissed methods of birth-spacing were also very forthcoming in the focus groups. Attempts were made to ensure that the opinions of all those participating in the groups were included in the discussions in order to balance the input of the reticent women with that of the more outwardly opinionated. The

⁶ This average is calculated on the basis of how many live children a woman is likely to have at the end of her child bearing years.

division of the groups into older and younger mothers also prevented difficulties with younger women feeling obliged to defer to their more experienced counterparts. Two groups of six women with up to four live births and two groups of six women with more than four live births were eventually selected in each village (see Appendix One). Each of the focus groups was held in an empty compound to be out of the view of curious or potentially judgmental neighbours. The groups of men were chosen by randomly selecting half of the husbands of the two groups of women with up to four live births and half of the husbands of the groups of women with more than four live births.

In Niamey, it was necessary to work in conjunction with the district chief and the local women's leaders when selecting the focus groups. In theory, we should have been able to inform the leader of the women's groups of our desire to speak to Hausa women, and she would then call a meeting of women from which we could draw our samples. However, in both cases the leaders, who were Djerma, had difficulty understanding why we wanted only Hausa women and, instead, gathered groups of mostly Djerma women and told us they were Hausa. Eventually we were able to attract groups of Hausa women after we identified the few Hausa women in the initial groups and gained their help in identifying other Hausa women from the district. The size of these focus groups ranged from six to ten women. The local Samarya⁷ compound was used in Boukoki and an empty school yard was used in Lazaret as the base for our interviews.

The selection of men in the urban study was equally challenging. It was impossible to identify husbands of the women because a large number of women did not want their husbands to know they had participated in the focus group. Others said that their husbands would not participate in the focus group, even if invited. The men we asked to participate were often openly hostile. Given the level of unrest at the time, some of it due to tension between rival Islamic groups, we decided, after completing one focus group in Lazaret, to carry out the final male focus group and one additional female focus group in the Yantala district, where tensions and tempers did not seem to be running as high.

⁷ Local youth association

Individual Interviews

The women were selected for interview in the village using the same purposive system. It proved impossible to identify any women who had some experience of using modern methods of contraception in either of the rural villages. Clearly, while our focus group discussions and interviews indicated an awareness of modern contraceptive methods, the men and women were not using them. For the most part, then, individual interviews at the village level concentrated on those women who had demonstrated some awareness of modern contraceptive methods and indicated an interest in using them in the future. Since early data identified grandmothers as an important source of information and guidance, six grandmothers in each village were also asked to participate in a short interview. In addition, individuals identified as influential in each village were targeted for short interviews. (Appendix One lists the focus groups and interviews.)

In Niamey, women were selected for participation in individual interviews at the Mother and Child Health Centres (MCHC). During the focus group discussions it became apparent that if a woman using modern methods of birth spacing was interviewed in her home or surrounded by neighbours and relatives she would not speak openly. If, however, she was interviewed while at the MCHC she would be willing to speak more frankly about her experiences regarding the methods. In addition, those women who are normally secluded, and not usually allowed out of their compound, are permitted by their husbands to go to the MCHC for pre-natal and infant health consultations. Although initially I had some reservations about working at the MCHC, fearing it would bias the study, it appeared to be the most reliable method of identifying a woman's contraceptive history and increased the chances of speaking with women from all levels of the seclusion spectrum.

Women were approached at random in the waiting areas at the MCHC and asked to participate in an individual interview. In order to avoid influence from the health staff and to maintain privacy, we conducted the interviews under a tree away from the buildings, but still within the MCHC compound walls. Four categories of women were sought: women with between one and four live births, both ever-users and non-users⁸, and women with more than four live births, both ever-users and non-users.

⁸ Ever-users are those women who have, at some point, used a modern contraceptive method. Non-users are those who have never used a modern method of contraception.

While it was possible to identify interpersonal sources of influence at the village level, this level of communication was not mentioned by women in the city. Instead of listing older women, religious leaders, or traditional healers as sources of information, as women did in the villages, the urban focus groups consistently identified the radio and television, particularly programmes where Islamic leaders delivered sermons or answered questions, as their main source of information about lifestyle and family issues. While they said they would talk with others about general issues, women in Niamey could not list a particular person or group within the community as influential. In Boukoki, a number of women mentioned by name the *matrone* who conducted the awareness-raising sessions at the MCHC as a confidential, reliable source of information.

Sampling - 1995

The same type of approach was taken to sampling in the urban and rural areas during the second phase of the research. In the villages, the traditional midwives helped to gather groups of women who were willing to participate in the focus groups. The men in the villages were more interested in participating in the interviews than the men in Niamey. The same groups of men and women participated in several focus group discussions, and a number of individuals were selected from these groups for interviews. In the second phase of the study we were able to identify a number of women who had used or were currently using modern family planning methods.

In Niamey, one of the local women's leaders arranged focus group sessions with older and younger women in Zongo. As we discovered in 1993, it was much more difficult to arrange focus group discussions with the men, and a number of attempts to organise a group failed. However, a group of Hausa men working in the leather workers' co-operative agreed to answer questions and discuss issues of education and family planning with us while they worked. Individual women were identified for in-depth interviews on the basis of their experience of primary school education and/or acceptance of family planning methods. Several of these women were interviewed in their homes, but in the case of the interviews regarding family planning, the interviews took place in the MCHC. School directors at the two local schools and health staff at the MCHC were also interviewed.

Interviewing Government Officials

Expert individuals in the Ministries of Health and Education were interviewed with regard to the current state of affairs, new programmes, future plans for change, and the impact of the strikes on the government's ability to provide health care or primary school education (Appendix Seven lists key interviews). Key individuals in the donor community were also interviewed regarding current projects, plans for the future and for reactions to the impact of the strikes upon both their own projects and on Niger's ability to respond to increasing health and environmental pressures. Agencies and organisations contacted include the World Bank, USAID, GTZ, CIDA, the Family Health and Demography Project (funded by USAID), the condom social marketing project SOMARC, CARE International, UNICEF, and the International Women's Club Education Project.

Several visits were made to government officials dealing with education and family planning throughout the period of data collection. Individuals responsible for developing and supporting initiatives to increase levels of primary education or family planning were asked to respond to a summary of the initial findings both as members of their respective ministries and as individuals. A good deal of my time in Niamey was spent in ministry buildings either in pursuit of documents or waiting for appointments. During this time, I was often able to re-visit particular individuals with questions. In particular, insights and comments from representatives of the MoE and representatives of the DFP were derived from a number of formal and informal meetings. Interviews were also conducted with additional NGOs and key informants including locally-based women's groups and an organisation of female teachers working to raise the level of girls' enrolment in primary school through awareness-raising activities and supporting alternative informal educational opportunities for girls and women.

In both 1993 and 1995, local health staff were valuable in providing insights and information concerning the difficulties faced by men and women in the village areas. Both they and the local teaching staff were interviewed formally with regard to their own experiences as local representatives of government programmes. In addition to those formal interviews, several individuals were particularly forthcoming with their

experiences and perspectives during more informal interactions and I often found that discussions with health staff that took place during a meal or around the lamp in the evening proved to be the most informative.

Key Informants

In Village B, the senior woman living in the compound where we stayed during our time in the village was extremely helpful. She and her friends who came to visit during the hot hours of the afternoon were open to questions and included us in their discussions. In Village A, the school teacher was helpful in providing insights. In Village C the *Major*, the guard of our compound and one of the older mothers were invaluable in discussing issues in depth and clarifying details. In the Village D/Village F area, the *Major* and the guard of our compound fulfilled the same role. In addition, village chiefs, local marabouts, traditional midwives, local health staff and school directors were interviewed. While in Niamey, friendships with the wives of our guard and their neighbours, and the experiences of three of my research assistants informed the study in the same way. Additionally, an established friendship with a Hausa man provided the opportunity to test out particularly sensitive topics without fear of offence. As is often the case, many of the most helpful insights came from these informal discussions.

DATA ANALYSIS

Making the Methods Work

Having chosen to use the combination of focus group, interviews and PRA techniques, it was essential to attempt to minimise the problematic aspects of the techniques as well as make the most of the positive aspects. With the focus group discussions and the interviews, the major obstacle was often getting enough volunteers to talk to us (with the exception of Village D where the entire village seemed to want to be included). While we set out with intentions of having randomly selected groups and individuals, the process was often taken out of our hands and we were bound by respect and honour to accept the help and direction of locally nominated helpers during our "selection" of study participants. Sometimes men or women simply refused to talk to us, and in more than one case women hid in their huts rather than greet us. Part of this behaviour was perhaps due to a fear of Europeans lingering from the

colonial days, something that is discussed at length in Chapter Eight. Occasionally women who volunteered to participate in an interview would refuse to communicate beyond nodding “yes” or “no”. In the villages it became clear that the women and men who were participating in the study were providing a fairly consistent perspective of the issue of education and family planning within the community. Informal discussions and selective interviewing ensured that any questions or inconsistencies were followed up. In the city, it was more difficult to control the selection of participants in the focus groups, and more than once we were obliged to conduct a focus group with Djerma women in addition to our work with Hausa women in order to avoid conflict.

The process of conducting the focus groups was also difficult. Despite having extremely capable research assistants as facilitators, environmental factors often distracted attention from our inquiry. The following excerpt from my field notes indicates my frustration at the end of a particularly problematic first few days of focus group discussions in 1993:

Four days of sheer hell.

Yesterday was an exercise in frustration with the men. They wanted work, money, food, but they didn't want to talk to me. [They told me that] they have more important things to worry about than family planning; they have more important thoughts filling their mind than answering my questions. The day before, no one came [to the focus group] for the same reason....People were annoyed at me and insulting Safia [my research assistant] because she was with me. [They kept asking] why I was only working with Hausa people, what was I going to give them that the Djerma wouldn't get.

The kids were brats, beating the crap out of each other, of the dogs, fighting, pushing their way onto the mats in front of the tape recorder, then arguing with each other. They listen to no-one, they run riot, they are completely out of control....I've been threatened, insulted, grabbed and had stones thrown at me these past two weeks.

It later came to light that during the time these focus group discussions were being carried out, religious and political tensions had been very high in the district with rumours of rival groups murdering one another. Interviewing people in public during

these times of tension was neither wise nor productive. We were able to identify several Hausa women who were willing to hold meetings in their compounds where we could provide a greater degree of privacy and, almost as important, ensure that the children stayed out of the way. In order to balance the representation of men, a decision was eventually made to conduct a focus group discussion in an alternative district where we were less likely to irritate the more conservative elements of the community.

Conducting the focus group discussions took a good deal of diplomacy. A proper degree of respect had to be paid to the older members of the community and, with the topic of family planning, opinions had to be encouraged without risking intrusion on individual privacy. In order to minimise the problem of younger members of the community deferring to older members, the groups were split broadly into older and younger, and while there may have been some instances of individuals not expressing an opinion for fear of offending an older member, the research assistants made a point of gently questioning any members of the groups who appeared to be reticent. Questions and discussions were always phrased in terms of a third party, and avoided asking specific questions about what an individual in the group did or did not do. This use of the generic "person" or "people in this village/area" enabled participants to be specific about practices and beliefs without taking ownership of them in front of the group. Questions about individual behaviours and choices were limited to the interviews.

In order to show my gratitude to people for taking the time, and sometimes the risk, to participate in the research I had to find an appropriate form of gift; in the end I settled on giving kola nuts as a symbol of my thanks. Kola nuts are small green or red nuts which are chewed by both men and women throughout West Africa. The gesture of giving someone a kola nut was described to me by a Peace Corps volunteer as the equivalent of buying someone a coffee. During the Ramadan fast, when kola nut would have been inappropriate, I gave gifts of small packets of sugar to be used in the drink that was made to break the fast at sundown each night.

Personal Accounts and Relative Accuracies

The issue of the interpretations of personal accounts is problematic, particularly when asking men and women to recount past decisions and behaviours. While recognising the futility of searching for any one "truth", it was important that the individuals responded with as accurate a response as they could (Wellings, *et al.*, 1994:21). In order to provide as much support as possible in this pursuit, interviews were conducted in safe surroundings, responses were treated in a non-judgmental manner and the need for honesty was explained to individuals. Gagnon and Simon comment:

Part of the problem is faulty recall, some of which is located in the problem of inaccurate memories, but another source of error is located in the existential insight that instead of the past determining the character of the present, the present significantly reshapes the past as we reconstruct our biographies in an effort to bring them into greater congruence with our current identities, roles, situations and available vocabularies. (Gagnon and Simon, 1973:17)

By approaching the information as an interpretation of the past rather than as a factual account, it was possible to use those accounts to develop an understanding of local norms and social patterns, as well as understanding how those norms had come about.

Coding

The process of analysing the data produced in the course of the fieldwork was largely based on Glaser and Strauss' (1967) grounded theory approach. All interviews and focus groups were recorded and then transcribed into English immediately after, or later that day. The process of immediately translating the tapes ensured that the questions, answers and context of the interview or focus group were still very fresh in the mind of both myself and my research assistant. The process, although often laborious, also provided the opportunity to explore, with the research assistants, the use of particular words or phrases and to clarify their meaning. Equally, this process of constant referencing between my research assistants and myself ensured that we continued to discuss each aspect of the data collection and continually to evaluate and refine our investigative approach.

I read through the transcripts several times before beginning the coding process. Having ensured that I was familiar with the larger themes of the research, I began to code the work, identifying common themes and trends in the data. I continued to search for common themes, revisiting all of the transcripts several times over, until I was confident that I had reached a point where the main themes were identified. I then gathered the common concepts together to produce a collection of quotations or observations which related to the same theme. The process continued until all of the coded material was separated into theme groupings. Frequently pieces of coded transcript appeared in more than one theme grouping.

Theme groupings were split into education and fertility sections, and attempts to create an overall picture of the data were made using flowcharts and what Kirby and McKenna (1989) refer to as "hurricane thinking" charts. The nature of the topic and data meant that much of the information overlapped between theme groups, and, as a result, attempts to represent the information in a linear form were often chaotic. Nonetheless, after a great deal of consideration and re-evaluation, the final form of the analysis emerged. In each of the fieldwork based chapters, the most representative quotations or observations were selected for use. Each of the quotations has been coded for date and geographical location in order that it may be traced back to the original transcript.

Creating a Reliable Interpretation

By acknowledging the potential limitations of the methods chosen and capitalising on the benefits it was possible to create a reliable interpretation of local perspectives regarding family planning and education. The combination of qualitative methods permitted a degree of flexibility and adaptability which strengthened the study's ability to respond to variations and challenges in the local level data collection. The ethnographic components of the study do not claim to be anything more than an analysis of the responses of a particular group of Nigerien Hausa people. Nonetheless, the richness and rigour of the interpretations provide sufficient understanding of their perspectives to be able to illuminate the potential conflicts or dissonances between the micro, local social structures and networks, and the macro-level national and international discourses. The results of this aspect of the study, when placed alongside the discussions of the macro-level issues, completes the development jigsaw puzzle,



creating an overall understanding of the process from policy conception to local level responses.

EXAMINING THE DISCOURSE

The following section examines the unfolding story of the arguments and debates that have influenced education and family planning discourses from the 1960s to date. The chapters have been divided according to emergent themes which roughly adhere to a chronological order. Each chapter attempts to capture the facets of the debates relating to education and family planning which have become more important as the discourse has evolved and which are distinctive enough to characterise as phases.

Chapter Three covers the evolution of efforts to address population and family planning concerns during the 1960s to the 1970s. It places the topic of population control within the larger efforts to promote economic development in the developing world. Exploring evolving policies and frameworks for service provision, it probes the impact of the widespread dependence on modernisation development theory and introduces feminist and gender critiques of this theory. Chapter Four examines the continuing development of policies for family planning during the 1980s and into the early 1990s and explores how the link between education and fertility has come to be a central feature of the literature. Chapter Five examines the state of the discourse in 1996, examining the significance of terms such as “reproductive health”, Women in Development (WID) and Gender and Development (GAD) for the family planning and education debates.

Following the analysis of the international discourse, a bridge is made from the formulation of broad policy objectives at the macro-level to the challenge of applying policy-making in the context of Niger. Using the example of one of the poorest nations in the world, Chapter Six examines the process of re-formulation and compromise of education and fertility policies within an environment of constraints and instability. The chapter looks at education and family planning policy in Niger, noting that international debates had very little impact on the Nigerien policy-making context until the mid to late 1980s. Further, it acknowledges that, rather than benefiting from the experiences of the past decades of development, Nigerien programmes have been confronted with numerous obstacles to putting effective education and family planning systems in place. Using a gender framework of analysis, the chapter focuses on those issues explored in the previous three chapters, in the context of Niger.

Chapter Three

Exploring the Early Discourse: 1960s to 1970s

BACKGROUND

From the outset of international development activities in the 1960s, efforts were geared towards enabling former colonies to participate in international markets. Programmes and policies set out to “modernise” economies through a process of accelerated development - a process which, it was believed, would also enable developing countries to produce goods in sufficient quantities to participate in the global market. Embedded in the movement for economic reform was the belief that expanding populations posed a barrier to continued growth, and, in an effort to react to what was perceived as a potential international problem, family planning initiatives quickly became an integral part of overall development packages (Green, 1993).

This chapter identifies early trends in population policy formulation and explores the degree to which their evolution reflected similar trends in broader international development efforts. It focuses on the impact of the underpinning liberal, or modernist, development philosophy on the family planning education aspects of population programmes. In particular, it looks at how this philosophy fostered the belief that a need and a desire for birth control already existed in developing nations, and that by fulfilling this need with contraceptive programmes originating in the West¹, economic and social interests would be served. The rationalist framework adopted in the development of family planning programmes is also examined, in an effort to reveal the extent to which the approach has defined the direction of population policy and the resulting family planning programmes over the development decades up until the late 1980s.

¹ While no attempt to choose a term to distinguish between the “North/West/developed” countries and “South/Third World/developing” nations is ever completely satisfactory, I have chosen to use either West or South/developing.

Modernist Influences on Development

Early development efforts were often underpinned by the modernist belief that Western-style systems of thought or organisation were innately superior to those found in the developing world. The purpose of international development was frequently presented in terms of aiming to provide the former colonies in Africa and South Asia with the facilities to “catch up” with the West (Marchand and Parpart, 1995:12). Analysing the evolution of development theories, Leys has commented:

The modernist approach assumed that the “backwardness” of the Third World was “original” backwardness, a primeval backwardness that had once been universal and could be overcome by the transmission of capital and know-how from the industrial West. (Leys, 1995:111)

Banuri has also noted that, although there are internal debates within the modernist school of thought, in addition to viewing history as a linear path along which the West has progressed further, modernists generally share the belief that:

the proximate cause [of the dramatic economic progress in the West] was the unfettering of rationality: the application of science to production, a mechanistic view of social relations, and an increased emphasis on efficiency. (Banuri, 1990:33-4)

Hence many social scientists believed that by applying a rational, mechanistic orientation to improving economic capacities, programmes for change would also enable local cultures to accelerate forward to what they believed was the superior, and more desirable, Western economic and social system (Marchand and Parpart, 1995:12; Jain and Bruce, 1994:194).

In the 1950s and 1960s, it was generally believed that by providing the tools of modernisation (e.g. intensive farming methods, etc.) to governments of developing nations, benefits would be reaped by all. The “trickle down” approach very quickly proved problematic, however, and as Chambers comments:

[development thinking] shifted from the view that growth and modernisation would be enough, with benefits trickling down to the poor, to the more realistic if depressing view that sometimes growth and modernisation made the poor poorer. (Chambers, 1983:147)

Furthermore, it became clear that economic production could not be modernised in isolation. If rural farmers were to continue to keep expanding export markets supplied with inexpensive products, the social structure supporting the rural communities would also require development assistance. Chambers credits the World Bank with recognising and acknowledging this in their re-evaluation of the nature of development. A 1975 World Bank report defines rural development in the following way:

Rural development is the strategy designed to improve the economic and social life of a specific group of people - the rural poor. It involves extending the benefits of development to the poorest among those who seek a livelihood in the rural areas. The group includes small-scale farmers, tenants and the landless. (World Bank, quoted in Chambers, 1983:147)

Chambers notes that, while a vast improvement on its previous strict economic-efficiency orientation, the definition clung to an almost exclusive focus on men, failing to identify women and children as participants in social and economic life. Compare the position of the World Bank with that of the United Nations, which had produced the following definition five years earlier:

As the ultimate purpose of development is to provide increasing opportunities to all people for a better life, it is essential to expand and improve facilities for education, health, nutrition, housing, and social welfare, and to safeguard the environment. (United Nations, 1970:41)

This definition foreshadowed a movement towards "basic needs" development, and while failing to name women and children specifically, nevertheless maintained a wide focus on opportunities for "all people".

It is interesting to note that implicit in both definitions is the assumption that farmers and tenants would automatically share the Western-oriented vision of what was a "better life" for them. Attempts to criticise the development efforts constructively were difficult because of the contradictory nature of the goals. On the one hand, the positive aspects of the more immediate objectives of providing improved health care and basic education were undeniable, yet on the other hand, the assumptions behind the changes were paternalistic, ignoring or devaluing local knowledge systems already in place. Chambers comments:

Outsiders and the rural poor may agree in saying no to children dying, to preventable disease, to famine, to the poor being poorer, to the exploitation of the poor by the rich. Agreement on points such as these can provide a moral foundation for the next steps, to see what the outsiders should do....But outsiders think they know best. Some will say that the rural poor do not know what is in their best interests; or that with greater awareness (which is liable to mean by [sic] agreeing with the outsider) they would have other priorities.... (Chambers, 1983:145)

Viewing the situation from a power-analysis perspective, the issues crystallise further. Efforts to achieve development ends, perceived by "experts" from the West to be in the best interests of developing countries, were often achieved through questionable means. Development became a question of "providing" not only the tools for improvement, but also the vision of what was best for those countries: the emphasis was placed on "intervention" over "enablement" (Swantz, 1990:101). No matter how beneficial development efforts were in terms of immediately improving quality of life, the initiative for the overall direction of development was controlled from sources external to communities and countries, and a sense of ownership or shared long-term vision was impossible to foster.

Hence, while the World Bank recognised the need to work at the grass-roots level, in providing the means for economic development it failed to acknowledge the complexity of the social systems on to which it were super-imposing their own template of modernity. In so doing, it and the social scientists and development organisations working in association with them overlooked or dismissed local

systems as without worth. The following section examines how these same evolutions of theory and understanding were played out in the specific area of population policies.

POPULATION GROWTH CONCERNS

Early programmes for development targeted agricultural innovations. By increasing agricultural production, it was believed that cheaply produced crops could be sold on the world market for profit and that those profits would be re-invested back into the country, benefiting the producers in the form of improved health care, education, etc. Although the rewards did not trickle down to the grass-roots level as efficiently as was anticipated, certain changes in social indicators were identified fairly quickly. As local communities enjoyed the immediate benefits of those early development interventions, mortality levels decreased, populations began to expand, and certain groups began to express concerns about the sustainability of such benefits to international markets. Along with the Club of Rome and American environmental groups like the Audubon Society and the Sierra Club, Paul Ehrlich was vocal about his fears of populations from the south outstripping the world's resources. Ignoring the imbalances in patterns of consumption between the West and developing countries, he placed the burden of responsibility for potential future food security crises on the latter, declaring in his 1968 publication *The Population Bomb*: "The battle to feed humanity is over. In the 1970s the world will undergo famines - hundreds of millions of people will starve to death" (Ehrlich, 1968:xi).

Because economic development was the clearly stated purpose of international efforts, factors that could conceivably inhibit continued economic expansion were viewed as impediments to the process of modernisation. The proponents of this expansion were so confident that they were working in the interests of the common good that it became acceptable to discuss the issue of population in extremist terms of "crisis" or as "a bomb waiting to go off". This alarmist language has continued to permeate the population debate - often, although not exclusively, when the environmentalist argument is being put forward. In his recent comments regarding the origins of demographic tensions, for example,

Leys avoided questioning underlying inequities in consumption and social security between the West and developing countries, and appeared instead to adopt the emotive language of the neo-Malthusians:

So long as world demand expanded, African households were able to produce steadily growing volumes of commodities for the Western markets on this basis, and part of the surpluses thus produced....raised their living standards and, in particular, lowered mortality (especially infant mortality) rates, putting in motion a **demographic explosion** that is still continuing (Leys, 1995:192) (emphasis added)

Policy Responses

Western policy makers, particularly from the United States, reacted quickly to population growth in developing countries. Rather than expressing their concerns about the difficulties of maintaining an economic system which ensured that a flow of cheap commodities went towards the West, they chose to frame their argument in terms of a global, political security issue. Over-population was rapidly labelled as the primary cause of political instability and poverty (Hartmann, 1995:60). Green (1993) reports that, as early as the 1950s, private foundations such as the Rockefeller Foundation, the Ford Foundation, the Population Council and the Planned Parenthood Federation began to research the impact of population growth on local communities, and were actively encouraging and supporting population programmes for developing countries. The United Nations Population Division (renamed the United Nations Fund for Population Assistance in 1969) existed from the early days of the United Nations in the 1950s (Finkle and McIntosh, 1994:9) and, in 1967, USAID incorporated population programmes into their Foreign Assistance Act and began to promote the reduction of fertility rates in the developing world (Green, 1993).

In the late sixties the World Bank also began showing concern over the effects of increasing fertility rates, and by the end of the 1960s, the World Bank President, Robert Macnamara, had made a number of statements expressing concern over the rate of population growth and the pressures he feared would be

placed on scarce development funds. In a 1969 address to the University of Notre Dame, he argued that the rate of population increase was "the greatest single obstacle to economic and social development" (quoted in Wolfson, 1983:67).

The approaches to coping with the "problem" of expanding populations were consistent with other development efforts of the time. International policies for population control were drafted, and developing nations' governments were required to conform with western perceptions of "appropriate" population control measures. The U.S. government was particularly influential in the movement towards establishing some degree of control over the growing populations in the developing world, with President Johnson taking every opportunity to declare his belief in the need to "address the greatest challenge to the human family" and win the "race between food supply and population increase" (quoted in Green, 1993). In a speech to the United Nations in 1965, he implored UN delegates to recognise the need to stem population growth in order to preserve the economic prosperity of the developed countries:

Let us in all our lands - including this land - face forthrightly the multiple problems of our multiplying populations and seek answers to this most profound challenge to the future of the world. Let us act on the fact that less than \$5 invested in population control is worth \$100 invested in economic growth. (Quoted in Green, 1993)

Taking the lead, the U.S. government increased funds devoted to international family planning efforts from US \$ two million in 1965, to US \$ thirty-five million in 1968 (Green, 1993).

Clearly, the primary purpose at the outset of these programmes was not to improve health or provide greater contraceptive choice to women and men, but to eliminate the perceived threat of expanding populations in developing countries to a global economy which favoured the West. Ultimately, the emphasis on fertility reduction over the rights of men and women targeted by these policies has had long-term implications. The negative, exploitative effects of this approach are explored in depth from a gender perspective in the following chapter.

African Government Responses

Despite the speeches and pledging of funds, African nations were reluctant to become a part of the population-control movement. Enjoying low population densities and a period of prosperity, African nations sometimes perceived donors' desire to limit population growth as a neo-colonial Western desire to maintain control (Chamie, 1994). For many in the West, the ambivalent response on the part of many African governments caused some alarm and, in response, the emphasis on the "crisis" aspects of the population debate grew markedly.

The majority of African nations remained unconvinced by the arguments for reducing fertility levels in their countries and, by the mid-1970s, only 25% of sub-Saharan African nations had expressed a desire to develop a population policy (Chamie, 1994). Moreover, at the first African Population Conference in 1971, concerns about the hidden agendas of population control were beginning to be expressed. The United Nations report of the conference stated:

Population policies in Africa must therefore not be over-preoccupied with issues such as population control which appear negative and into which much unwholesome political meanings are being used [sic]. (Quoted in Chamie, 1994)

By 1974 concerns had grown stronger, and the Bucharest Population Conference was the site of rejection both of population control as a means of development and of family planning as the principal form of population assistance. At the conference "a number of third world and socialist countries challenged the focus by western governments on the "population problem" as a way of distracting attention from the underlying inequalities in the international economic order" (Kabeer, 1992:1).

Imposing Population Control

Regardless of the protests, the movement towards population control pushed on. Governments that had been reluctant to adopt population policies or to implement family planning programmes were given incentives to go along with the movement, despite their misgivings (Warwick, 1982:44). Countries that did not

approve of the population programmes being proposed eventually found themselves grudgingly complying to some degree. In Kenya, while the government permitted the establishment of family planning projects, its tacit disapproval was conveyed through public silence on the topic.

Policies and programme frameworks continued to be developed outside of the country and put into operation with governments' (often reluctant) consent. Donor agencies were not averse to setting up programmes which operated outside local governmental systems. It allowed the agencies to bypass the often shaky bureaucratic frameworks of the young nations, to avoid the inefficiencies and frustrations of working within local systems, and enabled them to meet programme objectives more rapidly.

DIFFUSING MODERN CONTRACEPTIVE INNOVATIONS

Working on the modernist assumptions surveyed earlier in this chapter, social scientists in Africa attempted to create development tools by condensing theoretical social systems into a logical, linear model of change based on rational decision-making. These models were then to be used to guide efforts in "modernising" and (implicitly) westernising developing nations. Early family planning programmes were consistent with the broader development trends of the times, while the assumption that western contraceptive technology would be welcomed underpinned virtually all projects. The resulting programme designs were strongly influenced by the rational or mechanistic orientation of development theory exemplified by, amongst others, Everett Rogers.

Diffusion of Innovation in Family Planning Programmes

First published in 1962, *Diffusion of Innovation*, was a landmark in establishing a model of change for field practitioners and researchers of development. In it, "diffusion" was defined as:

[T]he process by which an innovation is communicated through certain channels over time among members of a social system. Diffusion is a

special type of communication concerned with the spread of messages that are new ideas. (Rogers, 1983:34-5)

Rogers' model assumed that all innovative practices or technologies introduced by projects would eventually be adopted and, as products of modern technology, they were believed to be superior - regardless of context. The model viewed individuals primarily as independent decision-makers; so recognition of the influence of social relations on the decision-making process was limited to acknowledging only those relationships which were seen to be useful for encouraging adoption. Highlighting the influential roles of "opinion leaders" and "change agents", Rogers proposed that potential adopters would be guided by opinion leaders and change agents who had varying degrees of ability to impose their will on the community. In portraying the process of decision-making and change as stable and predictable, he created a linear template of a generic social system to impose on any given community.

The model dovetailed quite nicely with the Western belief that all women wanted to control their fertility and, given the opportunity, would reduce the number of children they conceived. In what has come to be referred to as the "inundation" approach, the belief was that, if communities were flooded with easily accessible contraceptives, individuals would automatically begin adopting them and fertility rates would be reduced. According to Rogers, "there has never been much doubt in anyone's mind that research on family planning...was essentially a diffusion problem" (1973:75). The task, then, was to educate women about the existence and value of modern methods of contraception, and to ensure that a system of distribution was in place when the demand was created.

The Knowledge, Awareness and Practice Survey

In order to gain the co-operation of those national leaders and policy-makers resisting the introduction of population programmes, efforts were made to convince them of the validity of the argument for universal access to contraceptives before embarking on establishing systems of distribution. In an early Population Council report, governments were portrayed as the main obstacle to introducing family planning:

It is often argued that in the traditional societies people are not really ready for or interested in family planning. The experience of this council is that people are amazingly ready and that the difficulty lies in the failure of governmental personnel to recognize that fact. (Population Council, 1966)

The Knowledge, Awareness and Practice (KAP) survey became the preferred method of demonstrating the need for a family planning programme to local governments. Criticised extensively for its overly simplistic and misleading approach to information collection (Chambers, 1983; Warwick, 1982; Hartmann, 1995; Demeny, 1988; Simon, 1990), using quantitative surveying techniques, the ostensible purpose of the KAP survey was to provide a benchmark of understanding of local communities' attitudes towards family planning, family size, fertility control and contraception. Despite a great deal of criticism and its obvious flaws, the KAP survey continued to be used because it was extremely useful in achieving a second objective - that of convincing governments of the "unmet need" for contraceptive services. Rogers quotes Phillip Hauser, an outspoken critic of the KAP survey, commenting on its utility:

KAP survey results, erroneous or not, have helped to persuade prime ministers, parliaments, and the general population to move in a desirable direction and have provided family planning program administrators with *justification* for budgets and programs. (Hauser, quoted in Rogers, 1983:69)

Once convinced of the need for a family planning programme, governments were advised on how to go about developing a standardised version of the programme that could then be transplanted out to the local levels. The next step in the project implementation cycle was to provide the target audience with the information and education they would need to seek out and use contraceptive technology.

EDUCATION FOR FAMILY PLANNING

Exploring the Role of Education in Development

The way in which women were "targeted" for family planning education in the 1960s and 1970s parallels the thinking regarding education at the time. Up

until the early 1970s attentions were largely concentrated on providing vocational education in order to build up the workforce and promote industrialisation. The policies implicitly targeted boys who were assumed to be the key to the productive workforce of the future. A 1980 Bank Sector Policy Paper recounts the role of education in the past:

When the developing countries began their drive for social and economic development nearly three decades ago, education was perceived as a means of not only raising political and social consciousness, but also of increasing the number of skilled workers and raising the level of trained manpower. (World Bank, 1980a:12)

In the 1970s, as concerns were raised about the ability of education to reach the masses, educational development efforts were marked by a flurry of activity exploring alternatives to expensive, formal primary and secondary school education. Along with creative media campaigns for non-formal education, attempts were made to incorporate local forms of education which demonstrated a recognisable systemic organisation (Koranic schools, for example) into the movement for low-cost basic education.

In contrast to the more interventionist-oriented agriculture and health initiatives, it would seem that educators were more willing to entertain creative approaches to learning which acknowledged and even incorporated local systems of learning into their programmes. Charismatic education activists such as Paulo Freire assisted in shifting the focus away from urban-centred schools exclusively for the rich, and towards the need to acknowledge the role of empowering the poor through literacy. King (1992:168) notes that the work of Philip Coombs in particular was instrumental in influencing World Bank attentions. Often, however, the approaches to increasing levels of literacy carried with them elements of political consciousness-raising, which, in the case of Freire, was the central, essential element of his empowerment-oriented literacy education (Freire, 1970).

More recently, Fass has argued that attempts to introduce education in the Sahel were doomed because of a fundamental clash between the desire to have an

increased level of education within developing countries, and the wish to maintain the status quo in terms of power. He suggests that attempts to increase basic education were considered useful only if they served the purposes of development as defined by those with power:

[T]he central challenge to efforts to improve education in the Sahel is not backwardness or faulty inquiry. It is the absence of political forms through which people who are the intended beneficiaries of the improvements can at the same time become members of the political class and put pressure on others who are already in it to change their ways. That is, the urgent matter is not about how to reform education. It is about how to bring democracy into the process of reform (Fass, 1991:1)

By the eighties, interest in the non-formal approach to mass education had all but disappeared, only to be replaced with a returned focus on formal primary school interventions. King (1992:169) reports that very little rigorous research was conducted on the impact of non-formal education initiatives. Efforts to evaluate the impact of literacy programmes were often limited to pre- and post-programme testing - a method of evaluation which did nothing to illuminate the individual's ability to retain the acquired skills or to apply them productively within their community. He notes:

By the time of the Bank's 1980 *Education Sector Policy Paper*, basic education was being interpreted much less in terms of alternatives to the formal school, though there was still the feeling that the poorest countries would need to review their primary education structures. And by 1988, in *Education in Sub-Saharan Africa*, educational adjustment was almost exclusively concerned with in-school reform. Non-formal education had almost entirely slipped from the stage. (King, 1992:169)

A great deal of the change in priority can be attributed to the now famous Cochrane study entitled *Fertility and Education: What Do We Really Know?* (1979) linking increased levels of girls' schooling with a decreased level in overall fertility. While this chapter does not examine the link and its impact on population policies, it

is useful to acknowledge the utility of the resulting shift in emphasis from the point of view of donors. The evidence for a link between education and decreased fertility, increased agricultural productivity and improved nutrition, was taken as concrete, and therefore it made more sense to place resources behind these apparent certainties. Chapter Four will look at how these certainties were to result in the movement of population from its position as a contributory factor to development to become one of the central development sectors.

Information, Education and Communication

It is not surprising, then, that the 1960s and 1970s show limited emphasis on formal basic education as a means of increasing understanding about health and family planning. Instead, the dissemination of information was carried out in the form of multi-media Information, Education and Communication (IEC) programmes which attempted to attract women to the health clinics where they would be given contraceptives. The target audience was almost exclusively female because of the assumption that, as the bearers of children, women were assumed to have the power to prevent or control conception.²

Based on the KAP survey results, and often using pictures of small happy families or catchy phrases, IEC messages attempted to convince women that by using family planning they, too, could have healthy, happy babies. Centrally organised campaigns were mounted, using television, radio, street-theatre, music, etc. Upon hearing the IEC messages, it was anticipated women would be convinced that their unmet need for family planning could now be addressed, and would seek out the contraceptives available.

The IEC campaigns, however, were almost entirely devoted to encouraging women to begin using the contraceptives, and showed little or no understanding of the constraints on them both in terms of their ability to make the decision to use contraceptives, and of the potential social impacts of that decision. Jain and Bruce comment that IEC activities are:

²It should be noted clearly that, while these activities were taking place in many Sub-Saharan African countries, Niger did not see any activities relating to family planning until the mid to late 1980s.

designed to influence family size norms; however, since reproductive goals are influenced mainly by social, economic and cultural conditions, the potential impact of these motivational activities on the reduction in women's desired family size is dubious. (Jain and Bruce, 1994:196)

Approaches to gender analysis developed during the 1980s and 1990s now frame this discussion in terms of acknowledging women's practical needs (e.g. their immediate need to prevent pregnancy after a recent birth) and their strategic needs (e.g. their need to have many children to ensure status in the community and long-term economic security), while also recognising the potential for conflict or tension between the two (Moser, 1993). (Recent analyses of women's reproductive, practical and strategic needs are discussed further in the following chapter.)

The exchange of information was inevitably one-way, with the women receiving contraception and health messages from media campaigns and from health staff, who were themselves often poorly trained in contraceptive provision (Warwick, 1988). Very little effort was spent on assessing health workers' ability to communicate with their patients. Instead, the task of the health worker was to ensure that the woman adopted the most "effective" method of contraception (i.e.. IUD, hormonal contraception or sterilisation); choice and communication were not priorities (Hartmann, 1995). Warwick (1982) has noted that the success and efficiency of programmes were evaluated solely in terms of the number of acceptors and the targets met. Evaluations assumed from the outset that once women had begun to use the family planning methods, they would continue to do so until they no longer had a use for them (i.e. until they wanted to become pregnant again or had reached menopause). This belief was so strong that very little effort was put into evaluating or assessing women's level of satisfaction until the recent development of methods of assessing quality of care. Jain and Bruce (1994:196) note, however, that even these efforts confine themselves to the quality of service, and do not question the larger social contexts.

Analysing The Approach To Family Planning Education

The "unmet need" argument for initiating family planning programmes, and the way the KAP surveys were manipulated to support the belief of experts from

outside, has been criticised extensively. Warwick comments: "Beguiling in its simplicity and appealing in its politics, this master idea was sold to the developing countries as the answer to their problems" (1982:34). Using the metaphor of a machine to describe the production-oriented initiatives, he notes that the programmes were "mounted with standard parts and uniform methods of assembly" and "[o]nce harnessed to the structures of the government, family planning programmes [could] be implemented through the force of top-down authority" (*ibid.*).

As the family planning programmes continued, however, increasing experiences demonstrated that men and women were not convinced by the messages. The uptake of contraceptives remained well below the anticipated rates of adoption in many countries. Mamdani has suggested that the major flaw in the approach was the belief that the programme planners had the superior strategy for coping with fertility, and all that remained was for them to arrive at the best method for convincing individual men and women to use it:

The underlying assumption is that the behaviour of the population, given the environment and its constraints, is not rational: it is susceptible to "education". If education fails, it is a question of not having used the right techniques. (Mamdani, 1972:40)

Equally, much of the criticism levelled at prescriptive development models, such as Rogers', questioned the reluctance or inability of the approach to take into account the complexity and influence of the local culture and social networks (Banuri, 1990; Long and Long, 1992; Booth, 1994; Greenhalgh, 1995). Approaches which were prescriptive and product-oriented often decided what would be best for men and women before the process of adoption had even begun. The adoption-diffusion model treats the refusal or failure to adopt family planning methods as something to be overcome, rather than as a response which could be understood through a contextually-based analysis of the situation. The local belief systems upon which decisions had been based in the past were dismissed or undermined on the basis of their absence of logic or rationality. Ultimately the model implied that,

after receiving the appropriate education, women would adopt family planning methods; if they did not, their refusal was the result of ignorance.

REVISITING FRAMEWORKS FOR CHANGE AND DEVELOPMENT

The poor adoption rates of contraception can be further illuminated by revisiting the prescriptive framework upon which the programmes were based. The liberal econometric orientation of development efforts made huge assumptions about decision-making processes and outcomes in communities in the developing world. In the case of family planning, the history of the adoption of contraceptives in the West lent credence to the belief that women in the developing countries would also adopt these methods. The underlying assumption was that all women, whether in North America, Europe or Africa, **wanted** to limit their births. These beliefs presumed that all women were in a position to make decisions about their fertility and then to act upon them. Equally importantly, they assumed that, once made, the decision to limit births was ultimately beneficial for women. Until the introduction of gender analysis, recognition of broader issues of the negotiation of power within social structures simply did not come into the equation.

The rationalist approach to understanding both society (or community) and social change was considered useful because it enabled practitioners to go to the field with a means of imposing some order on their context. With a stable point of reference in the form of a decision-making model, practitioners were able to analyse the situation and slot responses to the intervention into pre-determined categories. However, the very element of the development analysis framework which made it popular - its ability to focus on one particular issue or problem in isolation - has also been the source of a great deal of criticism. In analysing the approach to development, Banuri has commented that:

the main problem with the debate on the "meaning of development" was its aim of "technocratizing" the notion of progress, of simplifying and quantifying in such a fashion that anyone could pronounce judgement on the desirability of a course of action or a set of policies for any group of people, whether or not the evaluator has any interest in their welfare. (Banuri, 1990:82)

By portraying cultures and societies primarily as linear economic systems to be modernised and made more efficient, programmes for change transformed individuals and communities into decontextualised “targets” or “recipients” of western, and therefore superior, knowledge. In so doing, individuals were placed into a position of passivity where they could only respond or react to interventions. Unable to change, influence or even adapt the approach to family planning, the only response available to the female targets in most cases was to reject the methods. In some cases their rejection took on a more assertive stance and many men and women waged low-level sabotage campaigns, using so-called “weapons of the weak” (Scott, 1985) in the form of gossip, vilification and collusion to undermine programme success.

Often blinkered by the modernist underpinnings of population policies, many planners remained ignorant of the underlying reasons for their rejection. The notion of rejection of family planning based on analysis of local knowledge systems did not arise until more effort was spent exploring the role of women in society. Marchand and Parpart comment:

[Scholars drawing on post-modern perspectives] point out that much of the discourse and practice of development has exaggerated Western knowledge claims, dismissed and silenced knowledge from the South and perpetrated dependence on Northern “expertise”. They call for a new approach to development, one that acknowledges difference(s), searches out previously silenced voices/knowledges and recognises the need to welcome multiple interpretations and “solutions” to development “problems”. (1995:3)

Gender analysis of family planning decision-making has since explored the complexity of cultural and contextual factors influencing the choices of men and women with regard to fertility. The welfare-oriented programmes in the 1960s and the basic needs-oriented programmes in the 1970s had failed to take into account the **need** for children, for labour and social status in the short-term, but also for long-term economic security. Equally, the reality of high infant and child mortality

rates meant that mothers had to have several children to ensure that at least one survived. Further, in the absence of gender analysis of power and social structures, the issues around women's inability to control their own fertility, even if they wanted to, continued to go underexplored. Ultimately, the early development frameworks obscured the criteria that supported the rationale of the decisions of men and women to have large families, casting them instead in the role of the "backward" and misguided.

INTEGRATING WOMEN'S NEEDS INTO THE DEVELOPMENT AGENDA

Ground-breaking work done in the 1970s by Boserup (1970) and Goody (1976), exploring both the contribution of women to the labour force and the rationale for the division of labour in developing countries, helped to foster discussion and debate at an academic level on women's roles and their contributions to production. Development agencies were slow to react and, restricted by the inflexible nature of their linear approach to analysis, debates ensued as to how best to incorporate the increasingly ubiquitous issue of women in development into very tightly focused vertical interventions. Concrete changes in policy initiatives did not reflect the increased understanding of women's participation in the economic sphere until the mid 1980s with the introduction of the Women in Development (WID) as a sub-discipline of development (Marchand and Parpart, 1995:13). The World Bank was slower than most agencies to incorporate a WID perspective, so it was not until as late as 1989 that they made their first steps towards taking gender issues seriously. 1989 policy paper stated that WID was "still a new field...This paper is only a first step in identifying ways to improve women's opportunities" (Quoted in Parpart, 1995:228).

Until the 1980s and recognition of WID issues, gender disaggregation in development studies was extremely rare; western dependence on the notion of the household unit as the basis for understanding the links between productive and reproductive labour excluded women almost entirely from the development agenda (Brett, 1991; Moser, 1991 and 1993). Even when statistics were disaggregated according to gender, it was often done on the basis of stereotypes and dichotomies, and women's contributions continued to be either overlooked or hidden. Assuming

that the male model was the norm, and that what was true for men would also be true for women, policies and programmes rarely mentioned women other than in reference to reproduction and family planning. Those programmes that did focus on women almost exclusively concentrated on child health, population and nutrition. As a result, very little understanding existed about the roles of women in society or, more importantly, of their social relations with men.

Sen and Grown have suggested that the events of the 1974 population conference in Bucharest were a turning point. The protests about the motivations and means of the family planning programmes resulted in a change of agency emphasis on the role that technology played in controlling and limiting fertility, to a broader focus on the issues of family planning, reproductive health and the role of fertility in other social issues. It was at the Bucharest conference that the phrase "Development is the best contraceptive" was first used by a number of Southern countries arguing that equitable social-development was the solution to problematic population growth rates (Sen *et al.*, 1994:4). Thereafter, agencies began to promote "strategies that located the programme within a broader perspective of improving health and education" (Sen and Grown, 1987:47). The shift was an indication of the overall shift in development effort towards broadening the focus from economic expansion to include addressing basic needs issues. Overtly Malthusian arguments began to be replaced with policies that supported and encouraged family planning for the positive effects it had on children's welfare and family nutrition.

The discourse also began to change, with language moving away from a blatant focus on women as "targets" for contraceptives to that of actors able to play an important role in reducing child and infant mortality. Family planning was presented less as the principal means of effecting population policies and began to figure in larger programmes for Mother and Child Health (MCH). MCH programmes, recognising the role that mothers played as the main health-care workers within the family, targeted women in expanded IEC campaigns. The IEC component of MCH programmes highlighted preventive health care, spaced births, increasing awareness of nutrition, immunisation and diarrhoeal management.

Assessing the Hidden Agenda

Warwick (1982) has criticised these attempts to bury fertility control within programmes for family health, stating that governments and donors were attempting to sell birth control as promoting family welfare, not population control. They were hoping to convince individuals and governments alike that contraceptives, rather than controlling fertility, improved quality of life and that "in a happy marriage of private choice and public good, government actions to promote social good would actually enhance individual liberty" (Warwick, 1982:32). As both he and others have often stated, public rhetoric has rarely reflected action, and women were too often the objects of fertility control, and continued to be the pawns in population programmes vertically imposed from above (MacCormack, 1989; Kabeer, 1992; Berer, 1993; Smyth, 1994; Hartmann, 1995). Petchesky (1995) has stated that the shift in discourse did not provide women with "enabling conditions". Defined as the material and infra-structural factors that will give women the social and economic security they require to make "free" choices about contraception, she argues that women require these enabling conditions in order to take advantage of the positive aspects of family planning programmes. She does acknowledge, however, that the adoption of the language indicated a willingness of the development community to move closer to adopting an analytical framework which:

respect[ed] the integrity of women's reproductive and sexual decisions, however constrained, while also condemning social, economic, and cultural conditions that may force women to "choose" one course over the other. (Correa and Petchesky, 1994:112)

Despite the shift in discourse, the central misunderstanding continued to go unacknowledged: until women and men were able to evaluate the benefits of contraceptives and to be assured that the use of them would not threaten livelihood or long-term security, they would continue to utilise the fertility strategies which afforded them the most confidence. It was not until broader social studies of reproduction appeared, initiated in part by Boserup's work, that any understanding of the complexity of fertility and fertility control within a society or community began to develop beyond the information that KAP surveys provided. The degree to which other community members - including husbands, friends, mothers-in-law and

religious leaders - were able to exert influence continued to be poorly understood. Issues around the need for children for long term security, or labour remained unexplored. Equally, the negative physiological effects of contraceptives on women went unrecognised. Nausea, break-through bleeding³, fatigue or dizziness were side-effects of the early contraceptives which, in addition to being dangerous for women who were often under-nourished or anaemic, prevented women from carrying out essential tasks and, in some cases, from praying or worshipping. With little or no room for manoeuvre within their roles, women found it too risky to adopt the family planning methods on the basis of IEC messages and health worker advice.

ADJUSTING THE APPROACH

After initial attempts to apply the classic, or standard, diffusion model to family planning, it was acknowledged that straightforward IEC messages were not convincing women to use modern methods of family planning. Rogers (1983:70) attempted to account for the problem by surmising that, even when a significant number of innovating women began to accept the contraceptives, the space of time between beginning to use the contraceptives and the overt demonstration of their benefit was too long to provide any kind of positive example in the short term. Apparently unaware of, or unable to respond to, the notion that women perhaps did not have an unmet need for contraceptive provision, it was suggested that contraceptives should be made a more attractive option. Several modifications to the programme delivery format were proposed, including:

the payment of incentives to promote the diffusion and adoption of contraception, the use of non-professional change agent aides, and the use of various communication strategies to help overcome the taboo nature of family planning. (Rogers, 1983:70)

Those weak attempts in the original model to recognise and respect the value of analysis at the community level were seen as clouding the issues and were dispensed with. Warwick comments:

³Spotting or heavier bleeding occurring in the middle of a woman's menstrual cycle, brought on by the hormones in the contraceptives.

A crucial element, and a critical flaw in the IEC approach, is its assumption that change can be brought about by messages to individuals. Like the broader theory of which it is a part, the IEC component sees the situation in which individual people find themselves as either irrelevant or immutable. In its most blatant form, it tries to bypass developmental changes, such as reduced infant mortality and high income, by trying to convince destitute people of the objective benefits of smaller families - even when no such benefits exist. (Warwick, 1982:36-7)

In pursuit of the end goal of adoption, the woman's right and need to make a considered decision to accept or, equally important, to reject family planning methods was invalidated and dispensed with.

The use of incentives to promote or facilitate the process of accepting modern contraceptives has continued to have implications for the target population, and for the health workers who must deliver the contraceptives. Health workers have often been caught in the precarious position of being the representative of the government and, as such, have been forced to carry out the unsavoury aspects of national initiatives; the imposition of quotas places pressure on health workers to abandon respect for patients' wishes and to resort to intimidation instead. Often trapped into a position by government programmes which offer people food, clothes or cash in return for being sterilised, health workers have often had little choice but to conform or lose their jobs. In some provinces in India, health workers found themselves in competition with other local-level state employees to achieve their monthly targets (Jeffery, *et al.*, 1989:201). As the competition increases, the emphasis is clearly placed on achieving new acceptors, and attention to careful screening at the outset and proper follow-up after the adoption falls by the wayside (Smyth, 1994).

Criticising the extent to which the decision between immediate relief from hunger over longer-term security can be considered a "choice", Hartmann has attacked the policy of offering incentives as coercion (1995:66). For women, the negative effects of the use of incentives to speed up the process of acceptance are

well documented. The “one child” policy in China has served to deny women control over their fertility and has led to widespread use of amniocentesis to discriminate against the birth of female babies (Heise, 1993). In India, men and women alike have fallen victim to quotas and coercive measures designed to trick or bribe them into having sterilisations (Ravindran, 1993; Desai, 1994a), and in Brazil, escalating numbers of caesarean sections have been linked with unauthorised sterilisations and political manoeuvring (Gomes, 1994).

Structural Adjustment

While Western and developing countries were affected by economic difficulties in the 1980s, it was those countries which had accepted loans from the World Bank and the IMF that came under increasing pressure to service rapidly escalating debts. This, combined with the decline in per capita income and deteriorating trade relations, meant that the number of households unable to meet basic needs increased dramatically (Jacobson, 1993:7). As national governments struggled to meet debt obligations, funding for social services were slashed, in many cases leaving health and education budgets at fractions of their former levels of support. Moser (1991) reports that real per capita spending on health care fell by three-quarters in Africa between 1980 and 1990.

It would appear that women suffered disproportionately to men as a direct result of structural adjustment measures, for two reasons in particular. First, in the event that household incomes decrease or that the cost of living increases, research has indicated that women suffer more in the struggle to support their families. In addition to using a larger percentage of their own income than their husbands to meet basic needs, women will also put their own nutritional and health needs last to ensure that the family is as adequately cared for as possible (Moser, 1993:24). Secondly, the increased dependence on women’s unpaid labour and decreasing levels of real income made it increasingly difficult for women to take time off from chores to visit health centres where, in any case, they might be required to pay for help. Equally, the labour of children, and girls in particular, became increasingly important to the household; and, where costs for primary education were introduced, women found it increasingly difficult to send children to school.

In attempting to eliminate poverty in the 1970s, the basic needs strategies, while continuing to focus on population control, were also beginning to recognise that “education and employment programmes could simultaneously increase women’s economic contribution and reduce fertility” (Moser, 1993:68). The recognition of women’s economic contributions brought with it considerable expectations about their ability to accommodate further income-generating activities into their already heavy labour burden. As the economic crisis deepened in the 1980s, costs were increasingly shifted from paid to unpaid labour, often placing the burden on women.

The extent to which the recognition of the role and contribution of women in society could have resulted in an increased quality of life was undermined by the degree to which changes have instead led to an increase in their labour burden (Jackson, 1993; Moser, 1993; Smyth, 1994). Nonetheless, there are various opinions on the degree to which the adoption of a discourse that demonstrates an awareness of women’s contributions to society indicates the potential for improving women’s status (a topic discussed further in the following chapter). By the end of the 1980s, despite having a much higher profile within development discourse, women in most cases seemed no better off than they had been at the outset of the development decades. Instead of being liberated by programmes which assured them they would have the “right” to use contraceptives “freely”, they continued to lack the enabling conditions which allowed them to make those choices. Moreover, now firmly placed in the centre of the environment-population-development nexus, women now had responsibility, not only for themselves and their families, but also for stewardship of the environment and for the future of their national economies.

Chapter Four

Early Links Between Education and Family Planning: 1980s to 1990

INTRODUCTION

With the publication of Cochrane's 1979 and 1980 studies linking women's levels of fertility with their overall levels of education, approaches to family planning programme provision changed fundamentally. Concurrently, a shift in the economic development paradigm was taking place, away from the welfare approach towards allowing market forces to take the weight of development costs, resulting in the widespread introduction of structural adjustment plans. The subsequent austerity measures brought with them an increased willingness to expand the analysis of economic development to encompass a broader concept of context. This expanded vision, benefiting from the growing body of work resulting from feminist and gender analysis, as well as economic efficiency analyses, included a heightened awareness of the contribution of women to both the productive and reproductive spheres of life. Women began to be viewed as central to development, and increasingly their behaviours and practices were perceived as integral to the development process. For family planning, there was an increased focus on encouraging economically efficient basic needs programmes. This meant that the overt external interventions aiming to increase contraceptive prevalence-rates began to be buttressed with more subtle methods of fertility reduction in the form of primary education packages.

Building on the discussions in the previous chapter, this chapter follows the evolution of education and population policies in the late 1980s and into the 1990s. Through a gender framework of analysis, the chapter examines the increased emphasis on the supposed benefits of girls' education with particular attention paid to how efforts were made to use education instrumentally to attempt to influence fertility rates. Similarly, it looks at the international development constituency's continued desire to control fertility through contraceptive provision programmes within the context

of an evolving development paradigm which places more and more responsibility for change on the shoulders of women.

SYNERGY, AID AND DIRECTING DEVELOPMENT

The arguments about the effect of population growth on development potential have always been intrinsic to the development debate (Mamdani, 1972; Piotrow, 1973; Green, 1993; Chamie, 1994; Finkle and McIntosh, 1994; Sen *et al.*, 1994; Hartmann, 1995). One of the earliest and perhaps most famous scholarly statements on the relationship was the paper by Coale and Hoover (1958) which suggested that high fertility actually slowed development. Population issues have been consistently defined almost exclusively by the roles they are believed to play in facilitating or hindering economic growth and development. While the environmental and MCH aspects have also been present in discussions and debates, they have tended to take a secondary position to economic interests. More recently, however, the arguments about the role of population have been becoming more complex. While the evidence of a relationship between environmental degradation and population remains scant (Sen, 1994c:69), environmentalists have been increasingly vocal about their concerns regarding population growth rates in the developing world, and there has been an upsurge in neo-Malthusian analyses regarding increasing environmental degradation and competition for resources (Ehrlich, *et al.*, 1993; Brundtland, 1987). Equally, the potential of girls' primary schooling in helping to reduce fertility has attracted a great deal of attention. As the popularity of the concept of the synergistic triad of population, environment and development has become more pervasive in the literature, women have increasingly taken the burden of responsibility for the unfulfilled expectations of the resulting programmes (Yngström, 1995).

References to synergy, or synergistic relationships, now permeate the development literature. Synergy is defined in the 1984 Concise Oxford Dictionary as "the combined effect...that exceeds the sum of the individual effects". The concept is based on systems theory, which suggests that all systems can be reduced to a model in which all the variables and their functions are identified, and can then be controlled. In criticising the application of systems analysis to development, Jackson (1993) has argued that the idea of a "human system" does not conform to scientific notions

because of the unpredictability of the human response to different situations or stimuli. She argues that rather than accounting for the range of potential responses, synergy is sometimes used as a "pseudo-scientific justification for policy choices which actually reflect other, political, factors" (Jackson, 1993:653). Hence, population growth rates are of concern not because of the problems that they may cause at the local level, but because of the threat they pose to internal consumption patterns and to developing countries' ability to continue to produce goods for the international market at low prices. Yet, the consequences of these programmes may have a negative impact on the individual - for example, women who are coerced into sterilisation may find themselves marginalised in communities where female status is derived from fertility. Nevertheless, synergy has become a central tool of policy development efforts, and is closely linked to aid programmes.

King (1992) refers to the new emphasis which requires countries to have a policy acceptable to the donors before the donors will commit themselves to further assistance. The donor agencies, having recognised the difficulty of gaining acceptance for programmes formulated outside the country, are now moving towards a system of conditionality which requires that countries develop their own programmes and policies, thereby fostering a sense of ownership. The theory is that, with help from donor agencies in developing the appropriate and necessary infrastructures for policy development and analysis (otherwise known as capacity building), the recipient nations will formulate policy initiatives which not only fall into line with donors' overall international development plans but are appropriate to local contexts (Jaycox, 1993). Birger Frederiksen of the World Bank comments on the approach regarding education policy development:

We have already stressed the need for a minimum level of consensus among the main stake-holders in the education sector as a condition of being able to implement process oriented education reforms. Solid information, derived from analytical work that is "owned by the country", constitutes a cornerstone in any consensus-building effort. (Frederiksen, 1990:14)

In the move towards nation building, separate projects are no longer funded as isolated ideas initiated from outside; all development activities take place within an

overall policy initiative (King, 1992). In the "synergy" referred to in the World Bank's *From Crisis to Sustainable Growth* (1989), overlapping and mutually reinforcing policy objectives come together to work towards the common goal of development. Jackson comments:

there appears to be a broad agreement among different kinds of development agencies that it is possible and desirable for us to approach issues of development, population growth, gender equity and environment with an integrated set of policies which are complementary and meet multiple objectives. (Jackson, 1993: 652)

With the potential for multiple benefits for overall development, education and population are central factors in this new drive to combine objectives to positive effect in dealing with the nexus between weak agricultural production, rapid population growth and environmental degradation¹. Undoubtedly, an overarching framework of combined initiatives is a necessary recognition of the interconnectedness of the complexities of life at the local level. Nonetheless, Jackson (*ibid.*) remains wary of using synergistic arguments to achieve political ends which may undermine rather than support the marginal groups they affect.

Population, Environment and Fertility Control

Dennis (1994) has outlined the three heterogeneous elements influencing the debate about population: 1) the concern about environmental sustainability in both industrialised countries and developing countries; 2) the gender debate - especially around issues of women's rights to control their body and their fertility; and 3) the growing international perception of environmental and economic crisis in many African countries. The concept of the synergy produced by the nexus is made particularly explicit in environmental debates.

In 1992, for example, USAID's environmental strategy was described by the State Department as being closely co-ordinated with the agency's family planning programme "to ensure an integrated approach to addressing the complex relationship between population growth rates and natural resource management" (Green, 1993:

¹ See Yngström (1995) for further discussion of the "nexus".

319). However, while policy-makers have incorporated a belief in the negative impact of increasing population on the environment, and appear to be confident of the reliability of the relationship, scholars and researchers have continued to debate it (Harrison, 1992; Sen 1994a and 1994c; Hartmann, 1995).

At times, the debate has reached near panic level (Jackson, 1993), with cries for immediate action to reduce fertility rates. Joeekes *et al.* (1994) suggest that the new version of the neo-Malthusian "limits to growth" argument has given those absolutist advocates of population control, based in the West, renewed confidence in their cause. Taking the work of Paul Ehrlich as a case in point risks focusing on the extreme end of this spectrum, but nevertheless exposes the central message of the neo-Malthusian argument: control the fertility of this generation in order to save the world for the next. Ehrlich has suggested that in order to avoid the predicted environmental disaster that awaits the earth, population control measures rather than family planning must be put in place:

The trouble is that family planning focuses on the needs and desires of individuals and couples; population control focuses on the needs of society as well. Of course, population control need not be coercive; indeed it is probably more effective in the long run if it is not. (Ehrlich, 1990:190)

While clearly advocating control of population and fertility, the neo-Malthusian stance is less articulate about the fact that the individuals who will be affected by their proposals are mainly women.

Fundamentally, the argument has not progressed a great deal from earlier positions which viewed women as reproductive obstacles to development. The fear that time is running out is used to justify the more invasive, technologically oriented methods that take the control out of women's hands and place it in those of the medical establishment: "The emphasis is on medical interventions at low cost without wasting time in social research on who should control the inputs, or who experiences the health improvement" (MacCormack, 1989). Consequently, the proposed responses to approaching population growth have become far more calculating in terms of the speed

with which they subjugate the needs and rights of the individual to those of the collective generation of the future.

Education, Fertility and the "Nexus"

The 1972 World Conference of International Woman's Year World Plan of Action was the first to underscore the inter-relationship between education, improved status and employment of women, women's age at marriage, child-spacing and the number of children they give birth to (Green, 1993; Kabeer, 1994). In the following year, the UN's summary of *The Determinants and Consequences of Population Trends* states:

It is essential to learn more about the kind and amount of education and about the nature of other forces of modernization that are required in order for new [fertility] behaviour patterns to assert themselves. (United Nations, 1973:105)

It was not until the late 1970s and early 1980s that Cochrane's studies provided statistical evidence linking the education of women with a reduced overall fertility rate, and improved child mortality rates (Cochrane 1979;1980).

Potentially very useful in directing future policies for increased production, the studies were quickly adopted to support the argument that education should be an element of programmes targeting health and fertility. Encouraged by the Cochrane studies, development initiatives from education and population sectors alike began emphasising the need for schooling for girls, and education was actively promoted both for its potential positive influence on the overall health and economic productivity of the country as well as on troublesome fertility rates. In the first Education Sector paper to be published after Cochrane's initial study, the World Bank made the following statement:

Recent studies have shown a positive three-way relationship among primary education, agriculture extension and productivity on the farm, and an inverse relationship between the size of family and the level of education of both parents, or of the mother. (World Bank, 1980a:15)²

²The connection between education and agricultural productivity was and is equally important to the World Bank. For further background on this relationship see Lockheed, M.E., Jamieson, D.T.

Similarly, the Health Sector paper of the same time makes a complementary statement:

Better health is one way people achieve more positive control on their environment...Within this framework are many linkages. Economic and educational development may encourage family planning; family planning improves nutrition; nutrition improves health; health can improve attitudes towards family planning, reduce absenteeism, increase labour availability and productivity, and facilitate exploitation of natural resources. (World Bank, 1980b:33)

Cochrane's work was further supported by a World Bank working paper in which Birdsall used Cochrane's work to support her argument for education for girls. In it, the need to explore and untangle the combination of factors that contribute to the link was downplayed in favour of presenting the relationship more or less as a certainty:

Female education bears one of the strongest and most consistent negative relationships to fertility. In the poorest countries, women with some primary schooling have slightly higher fertility than women with no education at all... Women with completed primary schooling, however, virtually always have lower fertility than those with no schooling at all. (Birdsall, 1980:49)

At the 1984 International Conference on Population in Mexico, education was clearly identified as an important factor in influencing fertility: "As a general rule, the lower the educational level, the earlier the woman begins the reproductive cycle and vice versa" (United Nations, 1984:17)³. The link between education for girls and decreased fertility rates quickly became absorbed into the development debate and is now so universally accepted that Cochrane's name is no longer cited as the source.

Policy-makers have continued to emphasise their desire for increased primary education for girls in order to reduce fertility and improve child health. In its 1989 document, *From Crisis to Sustainable Growth*, the World Bank stated:

and Lau, L. (1980) "Farmer Education and Farm Efficiency: A Survey" in *Economic Development and Cultural Change*, 29(1):37-76.

³For another, similar statement from the World Bank, see *World Development Report*, 1984.

Evidence shows that the mother's education is perhaps the single most important determinant of a family's health and nutrition and that education enhances agricultural productivity... Further, even a few years of learning at the primary level has been shown to lower women's fertility either directly, by increasing awareness of contraception, or indirectly, either by reducing the demand for children because women perceived enhanced earnings opportunities or by raising the age of marriage and thereby reducing the number of childbearing years. (World Bank, 1989:79)

By the early 1990s, the World Bank had streamlined its argument even further to imply that the relationship between education and fertility is causal. In 1995, the opening sentence of the "Fertility and Health" section of their *Priorities and Strategies for Education* document clearly states their position: "The more educated a woman, the lower her fertility. Education influences fertility through higher age at marriage and increased contraceptive use" (World Bank, 1995:28). The only references cited to support these statements are the World Bank's own Development Reports of 1991 and 1992.

Donor agencies view education as crucial to economic and social development (World Bank, 1989:77). The education of girls is seen as an integral part of development, but now more so given the widespread belief that education can have an impact on reducing fertility. This belief requires that efforts be made to improve girls' access to primary school and to increase the rates of girls' enrolments to at least that of boys. The process is, however, problematic:

The most significant obstacles to female education include lack of schools for girls when education is sex segregated, reluctance among female teachers to work in isolated rural areas or in urban slums, perceived irrelevance of primary school curricula to women's employment possibilities, demand for girls' household labour, restrictions placed upon girls' physical mobility, and, among older girls, increased likelihood of pregnancy and/or preparations for marriage. (World Bank, 1990a:34)

Despite their recognition of socio-cultural issues on paper, the donor constituency, led by the World Bank, has for the most part side-stepped the cultural issues, targeting instead the school-based methods of increasing education for girls:

Support for the expansion of access should give explicit priority to girls wherever there are signs of gender disparities in enrolment. (World Bank, 1990a:51)

While the literature from the World Bank implies that one of the main purposes of increasing girls' access to education is to provide opportunities for a better quality of life and increase social status, questions have been raised about the reliability of their commitment to girls' schooling as an end in itself (Sen and Grown, 1987; Jackson, 1993; Smyth, 1995). There is no doubt about the instrumental use of education as a method of fertility reduction, as the World Bank has been quite clear in its policy statements about this point. The uncertainties are raised when challenges to the strength of the relationship between education and fertility are posed. If, as has been happening in Bangladesh, studies can demonstrate that fertility levels can be lowered in the absence of costly education programmes for girls (Cleland and Mauldin, 1991), will education programmes and the need to increase social status for women cease to be sufficiently utilitarian and be abandoned in favour of aggressive family planning programmes? The current emphasis on education in population and fertility programmes is placed in context when viewed as the most recent in a history of attempts to establish a level of education upon which to build governments and economies (Crowder, 1968; Gann and Duignan, 1968).

Aid and Girls' Education

Primary school education and basic education have, over the years, been harnessed by governments to reinforce those values and behaviours which strengthen their view of society. From the beginning of the development decades until the present time, education has been promoted as the best method of fostering and maintaining stability within a country. Primary education became the focus as attention shifted away from science and technology in the 1960s and nonformal education in the 1970s. Fass comments:

In this respect, basic education is a method for promoting the needs of those who happen to be in control of the community (i.e. state) apparatus. These include the need to: promote political socialisation; build national identity in new nations containing diverse ethnic groupings; consolidate newly acquired cultural power; maintain and reproduce particular patterns of social stratification; enhance the productivity of labour forces; encourage economic development; achieve social justice; protect the environment; and so on. (Fass, 1991:19)

Funding directed towards primary education has continued to increase to date: World Bank lending for primary education has risen from almost nothing before 1970 to over 40 percent of all the 1992 World Bank educational lending (Verspoor, 1992). Recent figures indicate that from 1990 -1994, primary education accounted for one-third of the education lending (World Bank, 1995:148).

Despite the increase in donor funding for basic education, the emphasis on building economic capabilities in the 1970s resulted in high levels of borrowing, and in the 1980s when prices of commodities plummeted world-wide, economic crisis swiftly followed. As the largest single lender to education, the World Bank has played a particularly influential role both in controlling the international educational agenda and targeting funds. The restructuring and economic austerity programmes which were intended to lead developing countries out of economic crisis required funds to be diverted away from the social sector, most notably education and health. Studies of the impact of structural adjustment programmes (SAP) indicate that, in the search for economic efficiency as prescribed by the World Bank, average public expenditure on education fell from \$33 US in 1980 to \$15 in 1986 (UNESCO, 1989). Public expenditure on education fell from 5.2% of the GNP in 1980 to 4.6% in 1991 in sub-Saharan Africa (UNESCO, 1994), and primary school education rates, instead of increasing, in many cases, decreased. Drop-out rates continued to be particularly alarming, and studies indicate that, of those children who begin primary education, 41 percent will fail to complete (UNDP, 1993).

The "trickle down" approach has failed education in the same way that it failed family planning. A large part of the funds funnelled into education systems went to supporting those levels considered more prestigious - upper secondary school and

universities - and to which only a few had access. The educational needs of the poor have, for the most part, gone largely unmet. In 1990, with the benefit of some hindsight of the impact of the SAPs of the 1980s on basic education provision, the focus was shifted quite specifically towards providing basic education for all, particularly women and the disadvantaged. The outcome of the 1990 World Conference on Education for All (WCEFA) placed an emphasis on targeting the poor in order to develop systems of basic education that will be integral to building "the broad foundation of literacy and problem-solving skills necessary for national development" (World Bank, 1990a:19).

As with the population debate, education in sub-Saharan Africa continues to be portrayed in terms of crises and elements of panic are perceptible in the current strategies and explicit links are drawn between increasing schooling for girls and decreased fertility. Noting that the pressure to achieve higher levels of education, King (1991) suggests that, after the Jomtien conference, Universal Primary Education (UPE) might fittingly be called Universal Primary Access, Achievement and Acceleration. Pushing for the achievement of world-wide basic education, a deadline has been set for the year 2000 and countries have been asked to focus their attention not only on increasing the numbers of children in schools, but also on increasing the quality of education.

Emougou (1992) questions whether the assumption of a state of crisis is justified, and notes that the manner in which the World Bank views the causes of the crisis and those measures they have proposed for dealing with them are not necessarily logical:

while it identifies the causative factors of this demise - namely the explosion of the school age population and the economic decline in sub-Saharan Africa - as non-educational, it concludes that the solutions to it are essentially educational. (Emougou, 1992: 207)

Those strategies for improvement produced by the WCEFA fall within the framework for action developed by the World Bank and call for increases in achievement in learning, quality of teaching, institutional capacity, equity of access and effective mobilisation and

use of resources (World Bank, 1990a), with minimal attention paid to cultural constraints.

Increasing access to education for girls and disadvantaged groups is highlighted as a top priority, and the World Bank (1990b) has recommended "aggressively" supporting educational opportunities by lending money to countries whose programmes aim to create opportunities for girls to have access to schooling. Taken at face value, these recent policies have increasingly portrayed programmes for education, especially for girls, as the panacea for development challenges. Closer scrutiny, however, very quickly reveals a very different picture. In reality, the elements involved in the relationship between education and fertility are poorly understood and strategies to increase access to quality basic education at the local level are impeded by socio-cultural constraints (Jeffery and Basu, 1996).

Questioning the Reliability of the Fertility-Education Relationship

Upon re-reading the original study, it is apparent that the variables involved in the relationship between education and fertility were very difficult to control and explain. Cochrane (1979: 9) speaks in terms of "hypotheses" and "assumptions": "In this model it is hypothesized that education does not affect fertility directly, but that it acts through many variables." She goes on to say:

The evidence seems to indicate that education may increase or decrease individual fertility. The decrease is greater for the education of women than of men and in urban than rural areas. But education is more likely to increase fertility in countries with the lowest level of female literacy. (*Ibid.*)

In her final conclusion she states:

The research needed to explore the relation between education and fertility is quite substantial. Therefore, policy conclusions that can be drawn from the existing work must be fairly tentative. (Cochrane, 1979:151)

Cochrane's reservations were, however, superseded by the need for a convenient policy tool, and the widespread interpretation of her work provided a certain

amount of support to many policy-makers. The link lent itself quite nicely to arguments for the development of educational strategies. Crucially, however, both in the case of increased primary education and increased literacy projects, the elusive combination of factors that ultimately brings about the anticipated reduction in fertility has yet to be conclusively established, if it exists at all. Hypotheses tend to focus on women's increased economic autonomy, increased status, improved ability to plan for the future, decreased fatalism or increased understanding of modern contraceptives (Caldwell, 1982).

In reality, there are so many variables in the studies that the link is far from being properly understood. Sen (1995:21) has argued the "plausibility at this general level must not be identified with taking these connections as established". Fass challenges the relation, suggesting that while there is enough historical and statistical evidence to indicate a connection, studies identifying a strong link between education and improved productivity as well as education and reduced fertility overstate both the strength and the direction of the relationship (1991:37-8)⁴.

Although the combination of factors has as yet defied definition, the nebulous nature of the relationship remains largely unacknowledged. Several studies since Cochrane have revisited the question (Birdsall, 1980; Safilios-Rothschild, 1982; Mason, 1984; Hill and King, 1991) but none have succeeded in illuminating the relationship further. Nonetheless, the World Bank's 1989 *From Crisis to Sustainable Growth* provides the usual list of anticipated returns from female schooling:

even a few years of learning at the primary level has been shown to lower women's fertility either directly, by increasing awareness of contraception, or indirectly, either by reducing the demand for children because women perceived enhanced earnings opportunities or by raising the age of marriage and thereby reducing the number of childbearing years. (World Bank, 1989:79)

Further, in its most recent policy paper it reiterates this notion with, if anything, an increased level of confidence in the belief in the power of education:

⁴ See also Jeffery and Basu (1996) for further discussion of these issues in the context of South Asia.

Education is a major instrument for economic and social development....[It] contributes to poverty reduction by increasing the productivity of the poor's labour, by reducing fertility and improving health... (World Bank, 1995:19)

The key to understanding this on-going suspension of scrutiny perhaps lies in the reliance of policy-makers on decontextualised economic indicators which ignore the local factors that render the relationships invalid in practice. It is commonly acknowledged that, due to infra-structural weaknesses, the nationally produced figures used to reproduce the analyses from country to country are not particularly, a reality which casts initial doubts on the reliability of the relationship. Of equal importance, however, is the fact that the economic analyses are based on indicators which establish a statistical relationship, but are unable to identify the causal factors which would illuminate the nature of the relationships. It is this second criticism of the relationship which is explored further in the following section.

THE MULTIPLE BENEFITS OF EDUCATING WOMEN

Regardless of the questions posed at the theoretical level, in the spirit of the "synergistic" approach to development and the "mutually reinforcing" linkage of all human resources development programmes (World Bank, 1989:63), the positive effects of education programmes for women are anticipated to be widespread and varied:

A more educated mother raises a healthier family; she can better apply improved hygiene and nutrition practices. She has fewer and better educated children. She is more productive at home and in the workplace. Education can substitute for community health programs among women who are informed about health care and personal hygiene, and also complement such programs via an increase in income and in the recognition of the value of these services. (Hill and King, 1991:12)

Indeed, education programme interventions have also been shown to benefit women's market productivity, enabling them to move away from home-based work into the market:

Market-based work is counted in conventional national income accounts - and hence adds to GNP - whereas homebased work is not. But this is no reason in itself to encourage female education. This shift in allocation of women's time may have other desirable consequences for the productive use of social resources. (Schultz, 1991:62)

Perhaps more frequently emphasised is the effect of education on women's non-market productivity: fewer, healthier, more educated children who will, in turn, go on to participate actively in the market economy. From the World Bank view, education for women is a cost-effective means of achieving a number of goals concurrently:

The public and private direct and opportunity costs of schooling appear to be recovered fully by the increased market productivity or potential wage gains experienced by better educated women during their adult lifetimes. (Schultz, 1991:64)

Formal Education As Family Planning

As the purported role of girls' education in reducing fertility rates has grown in importance, the targeting of girls' education has almost come to be viewed as a method of family planning. While this instrumental use of education is sometimes recognised at the national policy development level, it is very rarely recognised at the local level. The effects of girls' schooling on fertility is thought to operate largely through less obvious means of influence: by delaying marriage, increasing women's empowerment and increasing their employment opportunities. Moreover, efforts to influence girls' fertility by attempting to introduce family planning into the school curriculum have been tentative (given the sensitive nature of the topic). For the most part, efforts have concentrated on seeking to achieve universal primary education for all, highlighting the need to improve the attendance of girls as a part of the overall goals. Despite considerable attention devoted to the topic at the 1990 Conference on Education for All in Jomtien, and the flurry of reports and analyses that mark the halfway mark to the target year of 2000 (see, for example, UNICEF, 1996a and 1996b; Lalonde, 1996; King, 1996), progress remains slow. The sub-Saharan average of net enrolment ratios for children between the ages of six and eleven remains gender biased with 61.3

percent of boys going to school compared with only 52.7 percent of girls. In the Sahelian countries the figures available are even more striking, both for the discrepancy between the sexes but also for the tiny percentages attending school at all: in Mali the figures are 18.0 percent for boys and 10.6 percent for girls, in Burkina Faso 32.2 percent for boys and 20.4 percent for girls, and in Niger 28.3 percent for boys and 14.6 percent for girls (UNESCO, 1994)⁵.

The anticipated positive returns of education for girls continue to be challenged from a sociological point of view. Berer (1993) has questioned the extent to which education for girls might actually have the opposite effect and increase girls' fertility, suggesting that the movement to decrease fertility through education ignores potential side-effects on the age of marriage, pre-marital sexual relations and pregnancy rates. Elsewhere, Etta (1994) has highlighted the culturally inhibiting elements of school which, in addition to the risk of exploitation at the hands of male staff and students, serve to diminish the belief that education can be the route to increased freedom for more than a few girls.

Equally importantly, questions continue to be raised about the degree to which the emphasis on girls' education creates a conflict with their roles within the community. Reluctance to acknowledge the demands on girls' productive and reproductive labour from an early age results in a poorly developed understanding of the impact of girl's school attendance on the household and community (Ki-Zerbo, 1990). Moreover, it has been suggested that this failure to acknowledge socio-cultural constraints is indicative of a larger trend towards confusing the **provision** of increased opportunities for women with their **ability** to take advantage of them. Stromquist comments:

Conceptual frameworks in use, however, limit themselves to considering demand and supply factors - essentially an economic approach. Because these studies do not attempt to construct a theoretical understanding of how women's inferior condition emerges and is maintained in society, their proposals tend to border on the naive. They recommend actions such as "building the political will to reallocate the budget", "making schools more attractive", "improving teacher quality", "utilizing educational technology to support classroom instruction", as if

⁵See Wolfgang Kuper's 1996 article, "The Numbers Game", in *NORRAG NEWS* (No. 19) for a discussion of the difficulty of gathering reliable education statistics in developing countries.

there were no societal constraints to their achievement. Further, while such measures would be helpful if implemented, they would not address the fundamental causes of women's inferior status in society. (Stromquist, 1995:55)

The proposed programmes mistakenly assume that parents will want to send their girls to school because the long-term gains are beneficial to both individual and community. Recognition of both opportunity costs and cultural conflicts indicate a sensitivity to context not often present in analyses of fertility decision-making, yet the emphasis continues to be placed on examining school-based supply and demand factors over addressing the larger social and economic constraints (de Grauwe, 1994). The World Bank's *Priorities and Strategies for Education* (1995:116-7) lists the need for increased school places, increased numbers of female teachers and shifting school schedules as the main recommendations for girls in the "Special Measures" section. While promoting quota systems, the review fails to address the social factors that prevent girls from being able to take up those places reserved for them.

Understanding the Position of Girls and the Demand for their Education

The complexity of the issues constraining girls' attendance in school parallels those limiting women's ability to practise family planning. The basic argument for increasing education, as previously noted, is fundamentally economic: by achieving a higher overall level of education, countries would be enabled to produce more and develop economically. The link between education and fertility, and the synergistic approach to development add a further dimension to the basic education-economic debate. In the same way that the failure to acknowledge contextual constraints has limited the success of family planning programmes, the limited understanding of the impact of the difference in social roles on girls' and boys' opportunities for attending school continues to limit the success of the Education for All initiatives, despite the emphasis on girls. Moreover, if one of the main objectives of increasing girls' education is to bring about a reduction in fertility, the programmes will be prevented from meeting their objectives because of this inadequate understanding of social context.

The underlying belief behind the increase in women's social status resulting from basic education assumes that girls leave school more articulate, aware and able to make decisions. With the improved capacity to analyse the long and short-term

economic benefits, it is assumed that educated girls will opt to use contraception and limit the number of children they give birth to. All of this assumes that girls will be able to go to school and that their school experiences will succeed in providing them with the confidence, analytical abilities and the power to make decisions. In fact, gender oriented research has shown that, rather than challenging social norms, women's socialisation outside is paralleled in the classroom, thus reinforcing girls' subordination (Etta, 1994).

Chapter Five

Reproductive Health and Education: the Current Discourse

INTRODUCTION

The previous chapter surveyed the development of policies that linked fertility with education in the hopes of decreasing population growth. It began with a critical review of the evolution of the policies from the 1970s to the 1990s, emphasising in particular the need to question further the causality implied by the policy-makers. In its final section, it began to raise further questions about the reliability of the relationship, given that socio-cultural factors overlooked in the statistical-econometric approach to analysis were proving extremely problematic when attempts were made to put policies into practice.

This chapter attempts to develop a deeper understanding of those factors, using a gender perspective. It explores the extent to which feminist critiques of the 1980s have resulted in an upsurge of recognition of women's issues in the form of Women in Development (WID) programmes. Equally, it examines how, in the 1990s, WID analysis developed further into Gender and Development (GAD). The notions of contextually based understandings of decision-making touched upon in Chapter Three are developed further, particularly in light of the recent attempts to develop universal programmes for action at the 1990 World Conference on Education for All (WCEFA), the 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 International Conference for Women (ICW) in Beijing. Finally, focusing on the notion of "reproductive health" in particular, the chapter attempts to draw some basic conclusions regarding the current state of the discourse in order to provide a framework for a more applied analysis of how these same debates have evolved in the Nigerien context.

DEVELOPING A GENDERED ANALYSIS OF EDUCATION AND FERTILITY

Despite the considerable attention given to girls' education in sub-Saharan Africa, enrolment rates remain low and, for the most part, women remain in a position of limited manoeuvrability, unable to make or act upon decisions which affect them. The debates arising from explorations of the synergy discourse, its recognition of complex social relations, and the justifications of efforts to provide girls' basic education indicate, however, that attempts are being made to reshape the development paradigm. Recent feminist studies have debated the degree to which further changes in the discourse indicate renewed hope for an improvement in the position of women in society.

Language Shifts

Most feminists would argue that, in order for any real changes in women's status to occur, a fundamental shift in analysis is required. The influence of the feminist voice has increased remarkably, as is clearly demonstrated in the shift in emphasis from the WID orientation of the 1980s to GAD in the 1990s. Goetz (1995) makes a distinction between WID, which is preoccupied with issues of access and "which can, but does not necessarily, intend a feminist outcome in terms of expanding the power and autonomy of women in controlling their lives", and GAD, which views the analysis of access as "insufficient to challenge the unequal allocation of values which sustain gender relations" and includes the analysis of men's socially constructed roles in those inequities¹. The impact of these discourses on the outcomes of both the ICPD and the ICW are undeniable. What is not as clear is the extent to which the new rhetoric reflects real changes in the way women and their specific needs are addressed, or the extent to which it is a case of old wine in new bottles - the language looks different but the flavour remains the same.

Until the ICPD, the rise of any kind of feminist representation in the development discourse had been uneven and slow. Marchand and Parpart state that

¹ For an in-depth discussion of the relationship between WID and GAD, see Shahrashoub Razavi and Carol Miller (1995) "From WID to GAD: Conceptual Shifts in the Women and Development Discourse", Occasional Paper for the Fourth World Conference on Women, UNRISD.

the World Bank did not really take gender analysis seriously until the 1980s. Even then, the programmes were limited by their ethnocentric orientation²:

Steeped in the liberal traditions, [the WID] approach sought greater equality between men and women, but Western gender stereotypes went largely unchallenged. Women's development was seen as a logistical problem, rather than as something requiring a fundamental reassessment of gender relations and ideology. (Marchand and Parpart, 1995:13)

Moser (1993) argues that, initially, attempts to redress the balance were made by merely "tacking" the word *woman* on to the present policies. Sen and Grown (1987) have criticised the World Bank for its emphasis on the education of women as instrumental to economic growth rather than in the interests of women themselves, highlighting in particular the fact that delaying age of marriage and decreasing fertility are not results that necessarily serve women's immediate best interests³. With the increasing recognition of the central role played by women in development opportunities has come a concurrent upsurge of the use of women as "instruments" of development (Gage-Brandon and Meekers, 1993). It might be tempting to blame economists alone for this phenomenon, but Jackson acknowledges that some responsibility for this position must be taken on by gender analysts like herself who tended themselves:

to put gender into mainstream development practice through making an "efficiency" argument - that taking account of women would oil the wheels of development and was consistent with production-oriented (rather than welfare-oriented) development approaches. (Jackson, 1993)

Building on this line of reasoning, Smyth (1994) has argued that, in some cases, instead of increasing overall levels of autonomy and self-determination, the language of feminism and gender analysis has been absorbed into the development discourse, but

²Many would argue that the "gender perspective" is itself ethnocentric. For further discussion see Sen, 1987; Apffel-Marglin and Simon, 1994; Ahmed, 1992.

³In some cultures, a daughter is viewed as a drain on the family's resources and delayed marriage may result in increased tension within the household. Equally, young wives who fail to demonstrate their fertility quickly and repeatedly may suffer marginalisation or ostracism at the hands of their mothers-in-law or senior wives.

has failed to foster a true understanding of, or commitment to addressing, the development needs of women. Adopting the feminist language as a tool, programmes and policies have used the pursuit of gender equity as a means of economic development and, by equating women's subordinated position with poverty, "the development desire to transform all Third World women into 'economically productive', autonomous, independent subjects [is justified]" (Apffel-Marglin and Simon, 1994:33). Once the extent of the female contribution to labour in the community was exposed, women's contributions to their communities were targeted for development programmes in the form of income generation, environmental protection and food production. Moser (1993) argues that these interventions risk not only increasing the female workload, but may also serve to marginalise their position in the community further.

More recently, however, the contribution of feminist and gender analyses originating from the South has been crucial to raising the profile of women's needs. In the past, although tentative plans emphasising the need for the improvement of women's status were put in place at the request of the donor constituency, those in charge of ensuring they were carried out and maintained tended to be highly placed male officials who had little desire to improve the position of women (Parpart, 1995). Whether referring to female education or family planning programmes, the socio-cultural impediments not accounted for in the original programme proposals provided sufficient disincentive to prevent plans from being implemented from the very outset of the process. Outside organisations had little power to change the situation:

[Donor agencies] are tightly constrained by the policies of their own governments and have only limited capacity, or even desire, to influence practice and effect societal changes in the developing countries where they work. The societal relations of gender are labelled as falling into the realm of culture and strong advocacy for a rethinking of gender relations would be seen as unwarranted "cultural interference". (Rathgeber, 1995:207)

With the needs and rights of women placed on the development agenda at the behest of women's groups from both the West and the South, the force behind the drive to change language and practice has increased.

The coalition of women's groups with population and family planning groups has given the gender voice a power previously unheard of. This power is reflected in a number of strongly worded passages in the ICW outcomes, including:

The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free from coercion, discrimination or violence. (United Nations, 1995)

Petchesky reflects on this passage, stating:

This is the clearest assertion yet, in any international document, that women - without reference to age, marital status or sexual orientation - have a human right to sexual freedom. Its introduction into the Beijing document marks the culmination of a debate that began in Cairo. (Petchesky, 1995:157)

Realising Change in Perspective

The degree to which statements such as these will actually make any difference to women at the local level has sparked debate. Hartmann (1995) and Smyth (1995) have both argued that the outcomes of the international conferences will not change the condition of many women:

Female literacy and empowerment, as well as reduction in child mortality, are being set forward as the social reforms necessary to increase demands for smaller families. But these reforms will most likely founder on harsh economic and political realities that the population and development establishments have so far proved unwilling to confront. (Hartmann, 1995:154)

Petchesky, while acknowledging that the outcomes fail to tackle the problem of the tension between sustained economic growth and "the social dimension", believes that gaining recognition at the level of discourse is quite significant. She states:

What becomes of that language, whether it is used as an educational tool in organising among women and enforced in government and U.N. policies, will

depend on the unflagging commitment of women's movements. (Petchesky, 1995:158)

Arguing that the gains in the Cairo and Beijing documents must be used as stepping stones towards achieving an environment in which women are able to take advantage of the rights granted to them on paper, Petchesky goes on to make the point that:

It does a woman little good to have the legal right to terminate or bring to term a pregnancy if she lacks the means to access decent services, or if the services do not exist or are under continual threat of retrenchment, or of attack by fundamentalist vigilantes. Such enabling conditions entail correlative obligations on the part of governments and institutional organisations to treat basic human needs, not as market commodities, but as human rights. (Petchesky, 1995:160)

Fostering the Enabling Environment

Gender analysis has demonstrated clearly that women do not make decisions with regard to fertility on their own, but instead are both guided and constrained by the larger social network of which they are a part (Correa and Petchesky, 1994; Desai, 1994b; Kabeer, 1994; Parpart, 1995).

Linked as [they are] to women's health and social status, as well as powerful social structures of religion, state control and administrative inertia, and private profit, it is from the perspective of poor women that [reproductive] rights can best be understood and affirmed. Women know that childbearing is a social, not a purely personal phenomenon... (Sen and Grown, 1987:49)

The behaviour of women and men alike is guided by the sometimes conflicting norms and rules established by the community and society within which they live (Molyneux, 1985; Moser, 1993). A woman's ability to choose between one course of action or another is influenced by her position as individual and as member of a community. Her ability to manoeuvre within a given situation is influenced by her relationships with men and women around her who operate under the same framework of norms and behaviours (Amalric, 1994), although with varying degrees of power and room for change according to their position within the hierarchy. Within community hierarchies,

women are more often than not at the lower end of the power spectrum, and in this position are subject to the most scrutiny and the least opportunity to challenge their position:

“[Women’s roles are] reinforced by various institutions - religious, economic, political, social and legal - all of which emphasise women’s inferior position in the society.” (Okojie, 1994: 1239)

The notion of the “enabling environment” refers to a woman’s ability to act on those human rights accorded to her in the Jomtien, Beijing and Cairo documents. In placing emphasis on the need to create a level of acceptance and support of the legitimisation of women’s rights, the gender framework of analysis expands the focus of policies to take account of the broader community influence on an individual woman’s decisions. Challenging the classical, liberal models which portray women’s reproductive decisions as based on self-interest, feminist deconstructions of the division of daily life into public and private spheres show:

that such decisions are usually made under enormous pressures from family, community, and society to comply with prevailing gender and reproductive norms. (Correa and Petchesky, 1994:111)

MAKING THE TRANSITION TO “REPRODUCTIVE HEALTH”

With the new emphasis on recognising the complexity of women’s development needs has come a shift in the language of fertility and birth control. Focusing on family planning overtly for the purpose of influencing demographic growth is frowned upon:

The over-riding intent of these [family planning] programs, however, has been to reduce societal fertility and population growth. The focus resulted from the high levels of national and international concern about the adverse consequences of rapid population growth.... This preoccupation with fertility reduction has adversely affected the design of many of these programs and the quality of service they provide, especially when fertility does not decline at a desired pace. (Population Council, 1994:1)

Women's fertility is now frequently referred to in the same paragraph or sentences calling for the empowerment of women and wider programmes for social development:

Every year, at least half a million women die from complications during and after pregnancy, and another 100,000 from unsafe abortions. The [ICW in Beijing] recognised, for the first time, that the human rights of women include their right to have control over, and decide freely on, matters related to their sexuality. This has been an important advance since the [ICPD in Cairo in 1994]. (ODA, 1995:2)

The Overseas Development Administration (ODA) now refers to "children by choice not chance" (ODA, 1994c) and the use of the term "reproductive health" is widespread (Dixon-Mueller and Germain, 1994; Mosse, 1994; Population Council, 1994; Sen, 1994a, 1994b and 1994c). Questions remain, however, about the extent to which the usage of these terms in the development of policy is a demonstration of a movement towards addressing women's strategic needs for increased autonomy, or whether they are instead euphemisms for continued fertility-control interventions.

The concept of "reproductive health" originates from gender analysis highlighting the multiple roles of women in the community and the influence of those roles on fertility (Ravindran, 1995). Moving away from what Hartmann (1995) has referred to as the "isolation exercise" in family planning, which targeted the factors influencing fertility rates to the exclusion of all else, reproductive health aims to cast a wider net, encompassing all the inter-related factors. Mosse has defined a reproductive health approach as one which:

necessarily carries with it a strategic dimension - seeking not just to meet women's and men's practical needs for health care, but rooting its analysis of the causes of reproductive health morbidities in the gender relations which determine women's access to both behaviours and resources that will either ensure good reproductive health, or a life-time of chronic reproductive ill-health. (Mosse, 1994:7)

Definitions such as this continue to place reproductive health at the focal point of gendered health analysis. In response, studies have critiqued the notion as focusing too narrowly on women's reproductive capacities, ignoring the gendered epidemiology of non-sex specific ailments such as malaria, stress related illnesses, anaemia and poor nutrition.⁴ Ravindran (1995), however, argues that by placing family planning within a more gender-aware concept of reproductive health, analyses of responses to family planning education initiatives have been attempting to incorporate the wider combination of influences involved, including more general health issues.

Criticisms of Gendered Analysis

It is difficult not to acknowledge the almost overwhelming complexity of the issues that the gendered analysis highlights. As has been demonstrated at international conferences, any attempts to globalise issues or achieve "consensus" on an issue are bound to throw up arguments and conflicts in their attempts to reach common definitions of issues. Goetz observes:

The concept of "women's interests" is difficult to define...the multiple causes of women's subordination and the variability of its forms across class, race, age, ethnicity, nation and culture, have undermined attempts to speak of a unitary category of "women" with common needs and interests. (Goetz, 1995:7)

Yet it is the unification of women's voices in the ICPD and the ICW that has succeeded in focusing interest and resources on improving the condition of women, one would hope, as an end in itself.

Equally complicated is the issue of analysing women's decisions without cultural bias. The multiple roles of women can contribute to situations where women's treatment of other women is as oppressive, if not more oppressive, than that of the men or institutions around them. Mothers-in-law who tyrannise young brides in order to ease their own burden, or perhaps in retribution for their own treatment as young brides themselves (Jeffery *et al.*, 1989), and midwives who strike and berate women for giving birth squatting rather than remaining supine on a delivery table (Jaffré and Prual, 1994)

⁴For discussion of gender and general health issues see: MacCormack, 1992; Richters, 1992; Rathgeber and Vlassoff, 1993; Vlassoff, 1994; Paolisso and Leslie, 1995; Santow, 1995; and Schrater, 1995.

are only two examples of choices and behaviours which are potentially vulnerable to ethnocentric criticism. Correa and Petchesky acknowledge the difficulties:

Here, we confront the nagging problem, always a dilemma for feminist advocates, of how to critique the kind and range of choices available to women without denigrating the decisions women do make for themselves, even under severe social and economic constraints. (Correa and Petchesky, 1994:11)

There are no easy answers to these problems. The influences on education and fertility decision-making in particular are very complicated, and most feminists would argue that they will not respond, in the long term at least, to a panacea or silver bullet approach.

Perhaps it is because of this complexity that the gender arguments have attracted a good deal of criticism. The outcomes of the ICPD and the ICW have drawn fire from individuals who fear that, should the feminist line of reasoning be taken, women's needs will be put before those of the "greater good" - an argument which echoes that of the Malthusian position discussed in Chapter Three. In his analysis of the outcomes of the ICPD, Caldwell (1996:72) has suggested that the priorities of the conference and, hence, the outcomes were dominated by "*avant-garde* Western groups" who portrayed past family planning programmes as coercive and uncaring. Some of the groups to which Caldwell refers are, undoubtedly, feminist groups who, he argues, also undermined governments' desires to support family planning by emphasising individual needs over global population trends and, thereby, overburdened national population programmes by calling for the inclusion of issues of health, education and employment in their agenda. In a similar, rather alarmist, interpretation of the feminist standpoint, Coale has argued:

The capture of a lot of the formulations by the feminist movement is unfortunate. I mean, I quite agree that women's rights are valuable and it's an important factor in trying to bring about a reduction in fertility, but they are saying that you shouldn't have a contraceptive program, that [it is] coercive on the women, that if you go in and try to increase the practice of contraception you're trying to coerce women into doing something they may not want to do. They go

overboard. They're more concerned about feminism than they are about demography. I'm totally opposed to coercion, but I don't want to give a higher priority to women's independence from their husbands than to the increased practice of contraception. (Coale interview with Canadian Broadcasting Corporation, 1994:40)

Similarly, feminist arguments against longer-term methods of contraception which diminish rather than increase many women's choices are sometimes discussed in tones which suggest disapproval:

A growing radical wing disapproves of the use of long-term, surgical, or hard-to-reverse methods on the grounds that they diminish women's control of their reproductive lives.... One of the most serious feminist criticisms is that programs with demographic targets subject women's needs to impersonal, and therefore inappropriate, societal goals. (McIntosh and Finkle, 1995)⁵

POLICY AND PROGRAMMES FOR FAMILY PLANNING EDUCATION

Regardless of the criticisms of increased representation of a gender perspective in development discourse, now that they are present in ICPD and ICW Plans of Action, the first steps have been taken towards putting those changes into place. The incorporation of the notion of reproductive health needs into programmes for change carries with it an obligation to address the need to increase women's agency within their own socio-cultural contexts, in order that they may be able to act upon the reproductive choices being made available to them.

The transition from the theoretical to the practical is bristling with challenges. The extent to which the more recent Plans of Action from the ICPD and the ICW, or the country policies written after the conferences, will actually achieve profound changes in women's and men's ability to act on their choices remains to be debated and analysed further in the future. The potential for them to prove to be no more than tinkering with the edges of the status quo is quite high, given the size of the task. While the policies

⁵Far from being "radical", many feminists would undoubtedly argue that the risks involved with the use of long-term methods and the coercion that often accompanies demographic targets amply justify their criticisms.

seem to say the right things, Demeny has suggested that the action plan from Cairo (and presumably from Beijing as well) is asking governments to do so many things that they are likely to end up like the sailor in A.A. Milne's poem: unable to decide which task to undertake first and ultimately doing nothing at all (Canadian Broadcasting Corporation, 1994). The following sections identify the main trends in approaches being adopted to address some of those challenges.

Responding to Health Workers' Needs

One of the changes resulting from placing family planning within the movement for reproductive health is an increased emphasis on the interface between health agent and individual, and on the role of the health agent as distributor. Where health agents were often untrained and unconvinced of the value of, or need for, contraceptives in the past, a good deal of emphasis is now placed not only on training and retraining but also on the need to conduct evaluations and maintain levels of quality of care. In order to develop an improved understanding of health workers' perceptions, the Knowledge, Awareness and Practice (KAP) approach to "audience research" now includes health workers as well as community groups (Baron *et al.*, 1993). Methods of quality assurance and minimum standards of provision and care are being implemented. The Population Council has identified six elements in their "Quality of Care Framework":

- Choice of method
- Information given to clients
- Technical competence
- Interpersonal relations
- Mechanisms to encourage continuity
- Appropriate constellation of services (Population Council, 1994)

Provision of training programmes is included in policies aiming to increase health workers' ability to communicate with men and women. Equally emphasised are skills upgrading programmes to ensure that health workers are technically competent. In redirecting attention away from family size reduction towards achieving desired "reproductive goals", the Population Council has suggested that the role of the family planning programme is to provide women with the means to make informed choices about their own reproduction. Critically, however, they recognise and emphasise that

their aims cannot be achieved without the assistance of broader social development efforts:

The inclusion of reproductive choices among basic human needs and basic rights is a landmark in the continuing dialogue over the appropriate place and role of family planning programmes.... We must willingly and frankly reconsider and re-evaluate our past approaches. The time has come to redefine family planning programs and their crucial role in broad social change. Let us not lose this opportunity. (Population Council, 1994:14-15)

Information Education Communication Responses to Reproductive Health

The IEC programmes have undergone a similar revision of terminology. While originally perceived as useful in filling the gap between knowledge of contraceptives and actual use of them at the local level, the concept of IEC has been expanded to encompass broader issues at the national level: advocating improved policies for the position of women in society which recognise the inter-relationship between population and development, and improving methods of researching and collecting data. IEC is still closely linked with "population communication and non-formal population education and/or advocacy" (Cohen, 1993:4), and is defined in a UNFPA technical paper as:

[Referring to] comprehensive programming intervention - an integral part of a country development programme, which aims at *achieving or consolidating behaviour or attitude changes in designated audiences*, using a combination of communication technologies, approaches and processes in a flexible and participatory, though systematic and well-researched manner. (Quoted in Cohen, 1993:4)

Cohen's own emphasis on the updated definition of IEC activities highlights the inclusion of ministry officials and policy-makers as potential members of the "designated audience".

Social Marketing

Increasing attention is being placed on social marketing as a means of both de-sensitising the taboos on seeking out family planning and as a means of including

contraceptive services as a part of the free market, thereby increasing the efficiency of its distribution without making demands on state resources. Agencies such as the USAID-supported HealthCom have provided a significant amount of research and technical advice on the most effective way to train local salesmen and women in methods of basic contraception provision and monitoring. Using marketing techniques to promote Oral Rehydration Solutions (ORS), immunisation and contraceptives, the social marketing movement states their aim as the development of:

a methodology that will help promote correct implementation of these new health technologies to an audience of millions: a methodology flexible enough to adapt to the needs of a variety of cultures in all regions of the world.

(Andreasen, 1988:1)

The belief is that by utilising the techniques used in market research, a framework of factors affecting the decision-making process of the "consumer" is created:

The "consumer" is seen at the centre of all decision-making - his/her needs, preferences, beliefs, resources and alternative options define the market.

(Seidel, 1989, cited in Schwartz *et al.*, 1994:8)

Community-based distributors are provided with basic information regarding condoms and birth control pills and are able to supply men and women.

The social marketing programmes are perhaps most open to criticism and potential problems. In the same way that quota systems resulted in health workers placing achievement of targets over proper screening and follow-up of clients, the potential for relatively low-skilled sales-people to provide contraceptives to consumers unsuited to them or requiring careful follow-up is quite high.

SUMMARY

Chapters Three, Four and Five have traced the evolution of the development discourse with regard to family planning and education. They have argued that there has been a fundamental shift in the discourse towards one which incorporates the language of gender analysis, while observing that efforts to improve the position of

women in society continue to be economically motivated. The following chapter, Chapter Six, looks at the impact (or lack of it) of these debates in the Nigerien context.

Chapter Six

Creating Systems for Development: Education and Population Policy in Niger

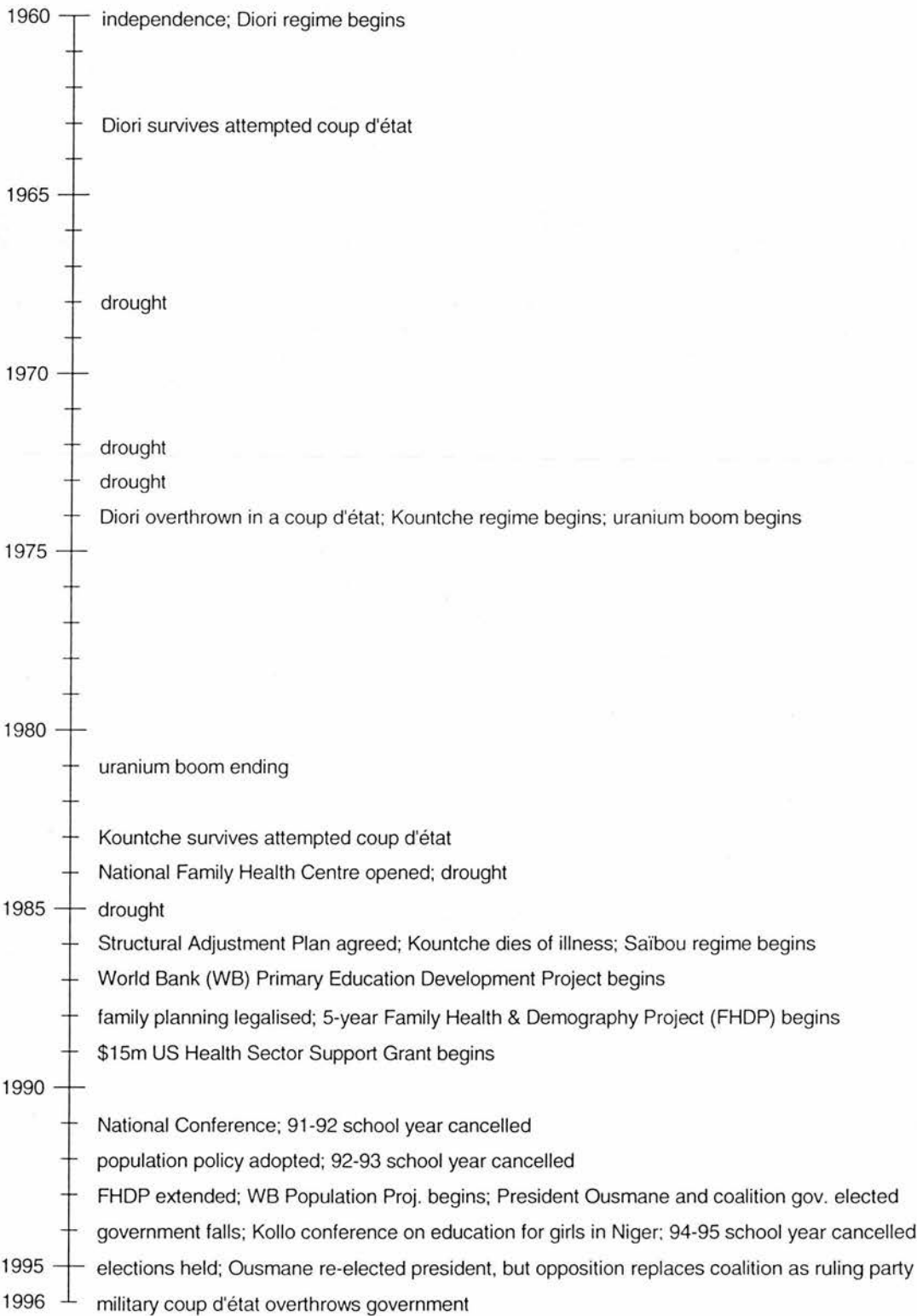
INTRODUCTION

This chapter serves the dual purpose of linking the theoretical discussions presented in Chapters Three, Four and Five with Nigerien policy, and of providing a national context in which to locate the analysis of the local level findings. It argues that, because of legislation preventing the distribution of contraceptives until 1988, the central arguments of the fertility and education discourse outlined in the preceding chapters have had little bearing on Niger. Even after a programme for family planning was established, the international discourse has continued to be of marginal relevance to the Nigerien context because of the extremely low levels of education provision. Further, the chapter establishes the context in which the fieldwork will be located. The findings presented here are supported by what statistical evidence is available, by interviews with selected individuals in the ministries, by policy documents and by the historical context. (See Figure 6.1 for a time line of significant events in Niger's history.)

Background

Niger did not have any family planning education activities until 1984 and it was not until 1988 that contraceptive distribution was officially legalised. In theory, therefore, efforts to establish a national system should benefit from the experience derived elsewhere from family planning programmes taking place since the 1960s. Equally, their participation in the 1990 World Conference on Education for All (WCEFA) should have indicated a desire to address questions concerning the education of girls and to create a climate which supported increased access to methods of family planning and increased quality of life for men and women alike. However, as this chapter shows, Niger's attempts to develop programmes both for universal access to family planning and for basic education for all have failed to thrive. While the commitments to improving the provision of family planning and education have been made in theory, the achievement of those goals has remained elusive.

Figure 6.1: Time line of significant events in Niger from 1960 to 1996



Lack of continuity and direction in the national government has led to a level of confusion and absence of commitment to solid, sustainable policy initiatives at the ministry level¹. The wider political tensions have led to a policy development environment in which initiatives aimed at addressing the issues of family planning services and education for girls have ultimately been weak and failed to provide realistic, achievable goals.

Nigerien family planning provision efforts have, from their introduction, lacked a solid foundation of support and acceptance on which to build. From the non-committal stance of the Government of Niger (GoN), whose public quiescence at crucial times in the family planning debate has undermined even the appearance of support, to the threats of the Islamic associations protesting its use, the programme has had little chance to establish itself. The population policy document (Gouvernement du Niger, 1992) adopted in 1992, lacks specific objectives and, with little in the way of political support behind it, no action beyond appointing an inter-ministerial committee has been taken to put its recommendations into action.

Equally, the education system in Niger has suffered from the absence of effective policy directives. By law, all children between the ages of seven and twelve must attend primary school, yet in reality there are not enough school places available to make this possible (Merritt, 1994). While the links between increasing levels of education for girls and increasing levels of health are recognised on paper, little in the way of action to improve the situation has taken place.

Beginning with an outline of the population policy, this chapter explores the policies and underlying politics affecting efforts to address the family planning issue in Niger. It goes on to look at the evolution of the Division of Family Planning² (DFP) and its counterpart programme, the USAID funded Family Health and Demography Project (FHDP). In addressing the education situation, it also examines the latest in policy initiatives attempting to deal with the very poor levels of schooling. Further, it assesses the role that the Islamic associations have played

¹In the year between the 1994 and 1995 WHO Annual Health Ministers' Meeting, three Ministers of Health had been appointed and then replaced in Niger. Merritt (1994:4) comments that in 1994, the National Assembly officially commended the achievement of the then Minister of Education for remaining in office for ten consecutive months.

²Listed in the bibliography as the *Direction de la Planification Familiale*.

in curtailing both the success of the family planning programme and efforts to improve the position of women in society. The chapter ends with a summary of the history of the efforts to adopt a Family Code.

POPULATION POLICY

In February 1992, the GoN adopted a National Population Policy. The policy document begins with a list of the GoN's achievements and actions over the past decade and, refers to "the different information and awareness-raising activities"³, which it claims have given the population and the political authorities a better understanding of the demographic and socio-economic situation ⁴ (Gouvernement du Niger⁵, 1992:2). It states that the activities took place in order that the population and the politicians could undertake appropriate actions to bring the complex interactions between the socio-economic situation and population growth under control. The introduction goes on to refer to the "different actions to collect and analyse demographic data and information, and raise awareness" **(ibid.)* which led the government to establish family planning services in 1984, and to legalise the prescribing of contraceptives in 1988. USAID documents of the same time suggest that it was involved in these actions, in terms of assisting in the collection and analysis of census data, and the drafting of legislation (USAID, 1988). The population policy document states that the decisive turning point in the country's history of population activities took place in April 1990, when the *Comité Technique Interministériel sur la Population* (CTIP) was formed. After consulting all social, cultural and political levels of society, the CTIP wrote and developed the population policy which was ultimately adopted.

Niger's population policy document states in its introduction that its "essential goal is to control demographic growth and the flood of migration⁶, but also to ensure that an appropriate relationship is maintained between demographic growth and economic development and finally to improve the quality and level of life of the Nigerien People"* (GoN, 1992:17). Its global objectives are described as including the development of specific plans: 1) to improve the health and nutritional state of the population and reduce morbidity and mortality rates; 2) to improve the

³All quotations marked with an asterisk have been from French.

⁴ A decade of awareness-raising activities would place the beginning of this process around 1982. This is perhaps a bit generous, considering the first of the family planning activities did not really begin until the creation of the National Centre for Family Health in November of 1984.

⁵Hereafter referenced to as GoN.

⁶ Migration here refers, for the most part, to the large numbers of rural families and individuals moving into urban areas.

quality of life of the population; 3) to improve the education system; 4) to improve the situation of vulnerable groups, particularly women and children; and 5) to improve data collection and research of population issues. Specific objectives included very general recommendations to increase levels of health coverage; to reduce mortality (particularly maternal and infant mortality); to improve health-care benefits for mothers and children; to reduce levels of malnutrition; to make available and accessible family planning services; to promote family planning awareness; to increase the contraceptive prevalence rates in urban and rural areas; and to improve food production. Family planning, mentioned for the first time on page 19 of a 39-page document, is only once referred to again in a later section addressing specific health needs strategies. Of sixteen health needs strategies, only the first two refer to increasing the integration of maternal and child health services and family planning services; elaboration of plans of action and health texts; and an extension of maternal and child health and family planning services to all levels of the population.

Although improvement of the education system is listed as one of the global objectives in this document, education does not play a large role in the policy. Education activities are alluded to in very general references to the improvement of literacy services, the quality of school buildings, improving the struggle against drop-out rates, elaborating on the literacy policy, and the integration of "family life education" into the school curriculum and literacy programmes. Nowhere in the document is education explicitly linked with fertility.

Throughout the document, the tone is very general and tentative. At no point are targets for action mentioned or their creation proposed. Its tone indicates an awareness of the need to strike a balance between, on the one hand, the donor community who have been calling for a demonstrable move towards increased access to family planning services, and on the other hand, local interest groups who want to maintain a distance from any mention of birth control, birth limitation or population control. As a result, it steers clear of any reference to limitation, explicit or implied, instead couching references to family planning within an argument for improved mother and child health. It states as one of its guiding principles the belief that "the [success of the] population policy must be based on voluntary participation, responsibility, and the respect of individual and collective choices regarding questions of family, marriage, fertility and migration" *(GoN, 1992:16).

In the recent past, as was indicated in Chapter Four, arguments have been made for an increased sense of ownership of policy documents when they are produced within the national government structures (Frederiksen, 1990; Jaycox, 1993). While the national Population Policy was clearly developed by the Nigerien government, it was done so with some incentive provided by USAID in the form of a \$15 million Health Sector Support Grant. The grant conditions were signed in 1986 and the funding was to come in five increments, provided the GoN made the required health policy reforms which included reforms in the family planning/population area (USAID, 1988:8). With approximately 97 percent of its health investment budget coming from donor sources, this grant would have been very important to the GoN. Presumably, policy-makers were anxious to meet the requirements in order to ensure funds. Unfortunately, the tasks to be addressed were so numerous that the policy-makers seem to have been overwhelmed.

From a policy perspective, the Niger population document has no clear guidelines. Its loose wording and lack of specificity provides very little in the way of direction for the future. The weaknesses of the policy are representative of the larger questions with which the GoN is currently struggling. It is not clear whether the policy-makers themselves are convinced by the arguments that population is a problematic issue. This is evidenced by the fact that no politician or public leader has made a formal statement supporting increased levels of family planning to reduce demographic growth. The absence of public commitment is potentially an indication of the policy-makers' need to demonstrate a respect for the beliefs of the powerful interest groups who make up their electorate. For the large part, in a farming culture where child labour is crucial (Adamou *et al.*, 1995:8), and where the religion is 98 percent Muslim (Kourgueni *et al.*, 1992), those beliefs remain primarily pro-natalist. Further, the institutional infrastructure of Niger is underdeveloped and, therefore, any attempt to address an issue such as family planning services on a national level will require that the issue of expanding and supporting infrastructure also be addressed. With this in mind, it is perhaps more illuminating to view the population policy document as one which is striving to identify a specifically Nigerien assessment of appropriate future directions, given the current socio-economic and political conditions.

In order to act upon this assessment, the policy recommended that a consultative group be created to assist the government in making decisions regarding implementation of the policy. Shortly after the adoption of the policy, the

CTIP was disbanded and a new inter-ministerial committee entitled the *Commission Nationale de la Population* (CONAPO) was formed. CONAPO's main task was to provide recommendations for the government on how best to put the policy objectives into practice. By May of 1995 CONAPO had still to make any recommendations to the government, but they were engaged in attempting to develop a better understanding of some of the central issues raised at the Cairo International Conference on Population and Development (ICPD) from a Nigerien perspective. Drawing on data from the 1992 Demographic and Health Survey⁷ (DHS) (Kourgueni *et al.*, 1992), they produced papers on the impact of the age of marriage, and on the impact of female education on fertility (see Amadou *et al.*, 1995 and Adamou *et al.*, 1995).

Niger's Participation in the International Conference on Population and Development

Niger participated in the 1994 ICPD, sending a delegation from the Department of Population. While it signed the final conference Plan of Action, it seems that there was little belief that the declaration could actually be carried out in Niger. This feeling is indicated in one of the final comments in a Ministry of Social Development, Population, and Promotion of Women⁸ document prepared for the conference: "Although the World Population Plan of Action will guide the government's actions, those actions cannot contradict the laws which have already been imposed by the government"* (1994a:2). The absence of commitment to achieving the goals of the Plan of Action is also evident at the Division of Family Planning (DFP) administrative level, where awareness of the ICPD and its outcomes has been limited.

It is interesting to note that there were no representatives from the DFP in the list of delegates. In the course of my interview with a representative of the DFP Monitoring and Evaluation Unit, the question of the DFP's stance on the outcomes of the conference was raised. The representative was not familiar with the conference nor its outcomes: "It's the demographers' area....it's not our work. It may have some fixed objectives that affect us, but..." Neither she nor any of her co-workers in the DFP were able to comment on the ICPD and it seemed that, for the most part, the conference had little bearing on their perception of population issues in the country or on their own role within the family planning programme. Dr.

⁷Listed in the bibliography as *Enquête Démographique et de la Santé*.

⁸Listed in the bibliography as the *Ministère du Développement Social, de la Population et de la Promotion de la Femme*.

Marilyn Wilkinson, Technical Assistant working with the Department of Population, suggested that the conference has had a demoralising effect: "The targets that are set are so unreasonable [for a country like Niger]. The paper is signed, but no real effort is made to achieve the target, or even any reference made to it later".

For the most part, it appears that the Cairo conference was not perceived as particularly important or relevant to Niger because of its emphasis on issues of population pressure; the Nigerien government is largely non-committal with regard to their position on the issue. In December 1993, President Mahamane Ousmane made a rare statement in a speech to the National Congress, broadcast on the national radio, that he believed the overall demographic growth of the country to be too fast. He avoided the use of the term "limitation", referring only to "spacing" and went on to say that the country might have serious problems with over-population in the future. This statement received a great deal of criticism from the members of the National Assembly, who are elected to represent their electorate's position, and who presumably felt that the comments would be offensive to the largely pro-natalist population. Since then, Ousmane has kept his silence regarding population and family planning issues.

Another rare public statement made about international efforts to increase contraceptive prevalence rates actually contradicts the belief that population growth is problematic in Niger. In 1993 Dr. Maidouka, former director of the DFP and now director of the World Bank's Population Project in Niger, stated in an address to a meeting of donor agencies that Niger did not have a population problem, evidenced by the fact that large areas of the country remained uninhabited. She stated that the true problematic issue was the fact that Niger had not been given access to new farming technologies that would produce more food. This statement was a talking point on the day that Dr. Maidouka made it, and has gone on to be cited frequently in the course of discussions with donor representatives regarding the challenge of convincing ministry officials of what the international community believes to be the severity of the population situation.

The donor community continues to work with the government in an attempt to cultivate a higher degree of commitment to increasing family planning provision. USAID is currently working with the Department of Population to develop a multi-sectoral data base with the Ministry of Statistics. Together they have produced a computer programme and glossy educational brochure comparing Niger's

population statistics to those of other Sahelian and sub-Saharan African countries. The programme and the brochure will be made available to ministry officials in an attempt to develop an understanding of population and family planning issues. In addition, in 1994, USAID co-ordinated an observational tour to Morocco to compare another Islamic country's approach to health and family planning. The team included the then Minister of Public Health, the Minister of Social Development, Population and Promotion of Women, the Secretariat of Education, a representative from the Islamic Association, the director of the DFP and the press attaché of the Ministry of Public Health. While the tour was viewed as a success, any likelihood of achieving a critical mass of awareness and conviction towards making changes were dissipated; most of the people on the tour have since been moved on to different positions and the ruling party of the government has changed.

Evolution of Family Planning Policy Initiatives

Early efforts at providing safe methods of modern contraception and family planning first began in Niger at the National Family Health Centre (NFHC). The centre was created in 1984 by UNFPA, furnished and equipped by UNICEF, and received technical assistance from WHO. Based in Niamey, it concentrated its efforts on raising awareness of modern contraceptives in the capital city, providing treatment for infertility and offering specialised training courses for health personnel. With numbers of contraceptive users increasing from 2366 in 1985 to 6848 in 1987⁹, the NFHC quickly demonstrated that there was a desire and a need for improved access to family planning services.

It is useful to note that this situation is an example of aid preceding policy. Strictly speaking, these activities were illegal - although modern methods of contraception had been available in privately run pharmacies for some time, they were not legalised until April 1988. It was then that a new law authorising their use replaced a 1920 French pro-natalist law outlawing the sale or prescription of modern methods of contraception (Boye *et al.*, 1991)¹⁰. The new law was passed in the same year that the Ministry of Public Health¹¹ (MPH) created the Department of Family Planning (later to become the Division of Family Planning). Up until the creation of the DFP, the NFHC was the only public health centre offering advice and distributing contraceptives in Niger (Ministère du Développement Social, de la

⁹Clearly these numbers are still very small percentages of the population of eight million.

¹⁰ See also Ordonnance N88-19 du 7 avril 1988 and Decret N88-129/PCMS/MSP/AS du 7 avril 1988.

¹¹Listed in the bibliography as the *Ministère de la Santé Publique*.

Population et de la Promotion de la Femme, 1992). The broad objectives of the DFP were:

- to increase levels of contraceptive use in Niamey through the health centres;
- to integrate family planning activities into health centres at the district level and at some rural dispensaries;
- to begin operations research activities and put into place systems of information to follow client contraceptive use;
- to carry out a study of infertility in Diffa and N'Guigmi areas;
- to identify the main causes of maternal mortality in department maternity clinics;
- to create a "Guide to Norms and Standards of Practice" to introduce a level of continuity of service across the country (Direction de la Santé Familiale, 1994).

In 1988, in addition to the legalisation of contraceptive distribution and the formation of the DFP, USAID, the largest health donor, committed itself to a five-year plan to assist Niger's newly formed DFP to establish a nationwide family planning provision service (the plan would later be extended by three years). In addition to the programme funding from USAID, UNFPA, which had already been active in promoting the National Family Health centre, continued to support Niger's family planning efforts by providing specialised training for medical staff, both overseas and in Niger, and funding technical equipment. The World Bank also began a four-year Population Project in 1993, although its activities were limited to supporting management capacity and increasing access and quality of services in the departments of Tahoua, Tillabéri and Maradi.

The Family Health and Demography Project

Delivered by the U.S. contractor, the University Research Corporation (URC), in 1988, the USAID-funded Family Health and Demography Project (FHDP) set up offices with the DFP which, following a ministry re-organisation, had shifted from the Ministry of Health to the Ministry of Social Development, Population and Promotion of Women. The FHDP set out to assist the DFP in developing four units: training; information, education and communication (IEC); monitoring and evaluation; and operations research. The training unit was to develop a curriculum for training nurses and midwives in the clinical skills necessary for family planning

service provision, as well as developing IEC skills for improving communication and awareness-raising activities. A separate curriculum was developed for social workers focusing specifically on IEC activities.

The IEC unit set out to develop awareness-raising activities and aids for the health staff to use in their IEC activities in the health clinics and for the general public. The monitoring and evaluation unit was to develop the Guide to Norms and Standards of Practice and establish an on-going system of supervision. The Operations Research unit was to set up an information system that would be able to produce statistical indicators of contraceptive provision, flow of contraceptives, Couple Years Protection (CYP)¹², etc., and to assist in the logistics of distributing contraceptives to health clinics and ensuring that stocks were replenished.

Assessing the Impact of the DFP Activities

The statistical tracking and analysis aspects of USAID's support of Niger's demographic policy were contracted out to Tulane University in 1988, and the Ministry of Public Health is currently working with the Tulane University Health Project to improve its ability to produce reliable reports. While the flow of numbers indicating morbidity, clinic attendance and family planning use has improved, it continues to be hampered by a lack of Nigeriens trained in statistical analysis and by the logistical challenges of collecting the data. Hence, a comprehensive understanding of the family planning activities in 1994 and 1995 is likely to remain elusive, both because sufficient numbers of health agents had not yet been made aware of the need to record their activities accurately and because of the additional problem of interruptions to the services (Diallo and Garba, 1995:22). What is clear is that the DFP was sufficiently concerned about the situation to re-evaluate its targets and reduce the previous 1995 contraceptive prevalence rate¹³ target from 7 percent to 5 percent (Direction de la Santé Familiale, 1994).

While the contraceptive prevalence rate has steadily increased in the capital of Niamey, rates of distribution in the rural areas have continued to be quite low, keeping the overall rate down. Table 6.1, from the DFP's *"Bilan de la Première Décennie de Planification Familiale au Niger"*, does not differentiate the rural from

¹²CYP is the unit used to account for the amount of contraceptives required to prevent a couple from conceiving for a year.

¹³Contraceptive Prevalence Rate, or CPR, is the number of women per 100 between the ages of 15 and 49 who are using a method of contraception.

Table 6.1: Evolution of Contraceptive Prevalence Rates 1990-1993 (Direction de la Santé Familiale, 1994)

Year	Contraceptive prevalence (%)	
	Niamey	Niger
1990-1991	14.0	2.0
1991-1992	17.5	2.9
1992-1993	24.0	3.3

the urban areas, although it does give an indication of the wide gap between contraceptive use in the capital city of Niamey and the rural areas.

The DFP annual report states that "1994 was one of the most disturbed years in the socio-political history of Niger. It is also the most troubled year in the 10 years of family planning."*(*ibid.*) Listing a number of the events that marked 1994, the report notes in particular: 55 days of general civil-service strike, in addition to the periodic public-health-worker strikes protesting the government's failure to pay salaries; and the transfer from the Ministry of Social Development to the Ministry of Public Health, during which time the department was downgraded to a division. Considering the problems and distractions faced by the DFP, it is not surprising to find that by its own account it fell seven months behind in achieving its 1994 objectives (*ibid.*).

Practically speaking, the time lost due to strikes translated, for the most part, into a loss of health staff training opportunities and a stagnation of IEC activities. Although the target of training sufficient staff to be able to deliver family planning services in every health centre in the country has theoretically been achieved, with health staff frequently moving from one post to another, some health centres continue to be without trained staff. Comments made by individuals in the DFP Monitoring and Evaluation Unit indicated that 30 to 40 out of 370 health clinics were still without trained staff¹⁴. Further, the annual report states that in 1994 only 6 clinical trainings took place (*ibid.*). Curiously, DFP representatives did not refer directly to the effect of the strikes on trainings. Instead, the lack of staff training was attributed to financial difficulties and to the fact that the funds were not available to carry out the training activities.

¹⁴ According to the "Bilan de la Première Décennie de Planification Familiale au Niger (1984 - 1994)", the figure is actually 44.

The real effect of the strikes will have been felt at the local level, with decreasing levels of health for women, men and children. During the health worker strikes of 1994, there were extended periods of time when the health centres were instructed by their union to close for two days a week. Often health centres would remain closed for the entire week, offering only basic or emergency services. This, in addition to the general strikes in June and July of 1994, and those in January to March of 1995, has meant that individuals travelling to a health centre for family planning services would probably have been denied counselling or assistance.

The role the strike action has played in interrupting the progression of the DFP's activities cannot be underestimated. The DFP was arguably one of the most militant groups in terms of strikes and walk-outs, and each day lost put schedules further behind, delayed work and, in some cases, reversed or destroyed work already in progress. The activities for the first four months of 1995 did not provide much in the way of improvement: strikes closed health centres for at least two days a week in some areas and, in the case of the department of Zinder, centres were open for only two hours every Friday morning for emergencies only. These strikes had begun in late January and continued until mid-March. In early April a meningitis epidemic, which was eventually to be the cause of a recorded 4000 deaths, broke out¹⁵. The Minister of Public Health called for a stop to any travel on the part of health workers. This ban on travel prevented DFP staff from recommencing their training activities, and was still in place when the data-collection phase of this study came to a close at the end of May 1995.

The Working Relationship between MCH and the DFP

In spite of what should be a close working relationship with their peers in the Mother and Child Health (MCH) services section of the Ministry of Public Health, the staff of the DFP have kept their distance from their MCH peers both physically (working in a separate building) and professionally. Although in late 1993 the DFP, reluctantly, became a division within the MCH services, the two services have collaborated in a training activity on only one occasion (I: Myer, 1995). The separation at the central level continues through to the dispensary level where, seven years after the beginning of the FHDP, efforts are still being made to introduce integrated MCH and FP services. A 1995 study carried out by the FHDP

¹⁵ Because only an estimated one third of people in Niger use dispensaries, the numbers of actual deaths due to the epidemic are probably much higher than those reported at the health clinics.

stated that, while Ministry statistics indicated that 40 percent of health clinics offered integrated services, this was probably an overestimate because of the confusion between the initial introduction of family planning services, which is still relatively recent for many clinics, and the practice of integrating family planning into everyday services (Diallo and Garba, 1995:22).

Some of the resistance towards collaboration between the DFP and the MCH services can perhaps be attributed to jealousies which can be traced back to the beginning of the government's involvement in national family planning activities. The DFP has benefited from large amounts of funding from USAID; sharing office space with the FHDP, they enjoy clean, bright air-conditioned office space, and the latest in computer technology, with no lack of basic supplies such as paper and pens, unlike those working in the Ministry of Public Health building. The MCH workers, on the other hand, suffer from the same difficulties as the rest of the civil service: dark and dirty offices which are often overcrowded, lack of supplies, lack of money to pay for petrol to travel in the course of their duties or, more importantly, to fund the development of ideas or materials central to their work.

EDUCATION POLICY

The link between education and fertility rates, so topical in international development discourse, has been made only tenuously at the ministerial level in Niger. Although the Population Policy formally recognises the need to improve female education in order to improve mother and child health, an explicit link between increasing girls' education as a method of reducing the country's population growth has only recently been made in a CONAPO report (Amadou *et al.*, 1995).

There has, however, been a great deal of discussion around the need for improvement in the education system, both for boys and girls. Niger's school attendance statistics, now considered to be among the worst in the world (Forum Consultatif International sur l'Education pour Tous, 1996), are attracting increasing attention from Nigeriens and the development community alike. The primary-school gross enrolment rate in Niger for 1993-94 was 28.5 percent and of this low number, only 36 percent were girls, mostly from urban areas; in the rural areas girls often make up as little as 10 percent of the enrolled pupils (Ministère de l'Education de l'Enseignement Supérieur et de la Recherche, 1993:6). More recent UNICEF

(1996b) figures put girls' net enrolment at 17.2 percent and boys' at 48.0 percent. The disparities between urban and rural are marked, with urban areas having up to 85 percent enrolment rates and rural rates falling as low as 15 percent (Ministère de l'Education de l'Enseignement Supérieur et de la Recherche, 1993:6¹⁶). The desire to address the educational needs of girls in particular has become the central topic of several national meetings and conferences.

Niger and the World Conference on Education For All

Locating information regarding Niger's contribution to the Jomtien conference on Education for All proved to be a challenge. One highly placed Ministry of Education official recounted how education for girls had been a central issue for discussion at the conference. However, after the conference was finished, the Jomtien goals seemed to slip off the Nigerien agenda. This was, in part, due to recent political events and, in part, because of the unlikelihood of Niger reaching the targets set in the Nigerien Plan of Action for Education for All. Round-table negotiations over the scope and form of the most recent World Bank education project were repeatedly postponed, in part because of the Ministry of Education's reluctance to begin double vacation schemes (Deblé and Carron, 1993:28). As a result, attempts to develop the education system have all but stagnated. The Ministry of Education official commented:

Yes, there we said we were going to educate everybody: old, young, etc. by the year 2000. But we only had 10 years to do all this. The objectives at Jomtien were not realistic. In this country people don't send their children to school. Even when children do go to school, the lessons do not reflect their needs.*

She went on to state that it would be even more difficult to recruit students now that the Prime Minister had declared that he could not guarantee jobs for all graduates. "Aside from the civil service, people believe there is nowhere to go with literacy skills, and young people think they are above working on farms after they have been educated"*.

¹⁶While, for the sake of brevity, the text refers to the Ministry of Education (MoE), references to the MoE documents are listed in the bibliography either as *Ministère de l'Education Nationale, de l'Enseignement Supérieur et de la Recherche*, or as *Ministère de l'Education Nationale et de la Recherche*, or as *Ministère de l'Education Nationale*.

As predicted, it proved very difficult to find a copy of the National Plan of Action. After two days and several hours of searching, another senior representative of the Ministry of Education, who had been one of the four delegates at the conference and who was in charge of what seemed to be the only copy of the 1992 plan, uncovered and literally blew the dust off the document. In the course of our discussion regarding education for girls, he was anxious to point out the presence of objectives which targeted girls' education in the Plan of Action. However, when questioned about Niger's efforts to achieve the goals since the plan's adoption, the official was emphatic:

No! It's a dream. The goals were impossible. To try and have universal education by 2000, it's impossible! It's not just Niger, there are other countries in the sub-region where it is not possible. We don't have the means. We have to keep discussing with the donors. We have to have a round-table discussion [with them] to decide who is going to pay for what. This discussion has never taken place. The Plan of Action has been circulated to all the donors, but none of the activities have started. Niger is a country in crisis!*

A senior member of the *Centre de Formation des Cadres d'Alphabétisation* (CFCA) felt that it was possible to reach the target of 30 percent literacy by 2000, but only if the ability to read in Arabic was included in the figures. Without this change in definition of "literacy", she said it would take at least another ten years. She felt that the exclusion of the Arabic language prevented many people who could read and interpret text from being properly counted.

The round-table discussion that was referred to earlier was scheduled to take place with the aid community and the MoE in May 1995. The meeting was intended to be a forum for a discussion of Niger's progress since the 1990 conference, and an opportunity to work together to assist in putting into action some of the plans that the Ministry was scheduled to bring to the table. The meeting was, however, cancelled at the behest of the co-ordinator of the round-table meeting, Dr. Hassana Alidou-Ngame, because of what she described as the Ministry's lack of progress in producing their own set of objectives and, more importantly, realistic plans to achieve those objectives.

Dr. Alidou-Ngame, a Nigerien education consultant working with the Dutch non-governmental organisation, SNV, was very critical both of the Plan of Action's vague objectives and of the Ministry's failure to act upon the Plan of Action in the three years since it had been passed. Apportioning some of the blame to donors who come to the country with projects already written, she stressed that she felt that the MoE had failed to take ownership of the plans for their own development:

For so long we have just copied the models! That's why now [the Ministry representatives] can't explain **why** [they have adopted these policy goals]! They can tell you the figures, but they can't explain why they are doing something!

In her criticisms of the Plan of Action, she said that potentially useful local resources and expertise were being overlooked in pursuit of the grand, expensive plans which were budgeted in the extensive lists of costing that made up more than half the document. The result is an approach which is very non-specific and which assumes that Niger is a homogeneous population:

They are just waiting for the donors to give them the funds to do it! They have done nothing!... The government has to do the work. The donors will empower them by paying for what Niger can't pay for, but Niger **has** to start to participate in the process! Lasting development is not money, it is in the hands of people who can use their heads. The situation will change because it has to change.

She went on to argue that both the donor community and the government are responsible for the current situation: the donor community is responsible because it has failed to challenge the government on the processes behind the policies it presents, and the government for being dependent upon the donor community for direction and support.

Recruitment and Attendance

It is difficult to provide an exact indication of just how many children are recruited into the first year of school because, like the Ministry of Public Health (MPH), the MoE lacks adequate, reliable statistics. In theory, the relevant numbers should be recorded in each school and sent on to the district education office, where they will be forwarded to the department level and eventually to the ministry

in the capital. However, while the numbers may be duly noted in the classroom, they are not always forwarded. Even if the figures do manage to reach the ministry level for inclusion in national surveys, the expertise required for the analysis is lacking; stacks of books with figures recorded sit unprocessed in the cupboards of ministry offices at all levels of government. As is the case with the MPH, the combination of a lack of Nigeriens trained in statistical analysis and poor organisation and communication within the school system makes it very difficult to tackle the logistical challenges of collecting and producing the data.

The statistics that are available are, at best, questionable. Although UNESCO (1994) reports that 28.3 percent of boys and 14.6 percent of girls between the ages of six and eleven attend school in Niger, the Ministry of Education's own documents contradict these figures. They also frequently contradict themselves, and it is often possible to find up to three or four different values for the same indicators, all from official MoE documents. An Education Advisor with the MoE, stated that the GoN simply does not have accurate data on how many children are in the country, how many go to school, or how many actually write the exams. The recent years of strikes and general disorganisation in the government have contributed to a further undermining of their ability to produce an accurate picture of the state of the education system.

Of the studies that are available, the most recent indicates that, for the 1992-93 and the 1993-94 school years, the contrast between urban and rural male-female ratios is marked (see Tables 6.2 and 6.3). The numbers of male and female students are more equal in urban than rural areas, possibly because of the high concentration in cities of male and female civil servants who have themselves benefited from a formal education and are more likely to insist that all of their children attend school. In addition, the demand for household labour is lower in urban areas and urban mothers are less likely to be as dependent upon their daughters for help in the household as their rural peers.

Because there is no reliable indicator of how many children are of school age, it is difficult to gauge what percentage is actually attending school. The 1992 Demographic and Health Survey (DHS) stated that, based on its own survey results (as opposed to figures collected from the government), 18.2 percent of children between the ages of seven and twelve were estimated to be attending school

Table 6.2: The Number of Children Attending Primary School in Urban Areas of Niger (Ministère de l'Education Nationale et de la Recherche, 1994).

Department	1992-93			1993-94		
	boys	girls	total	boys	girls	total
Agadez	1736	1373	3109	1824	1446	3270
Diffa	391	330	721	530	381	911
Dosso	1478	1139	2617	1363	1212	2575
Maradi	2093	1362	3455	2384	1427	3811
Niamey	6803	6680	13483	7202	7092	14294
Tahoua	1937	1242	3179	2066	1422	3488
Tillabery	954	797	1751	1024	797	1821
Zinder	1830	1394	3224	2037	1519	3556
Total	17222	14317	31539	18430	15296	33726
% by Sex	54.6	45.4	100	54.6	45.4	100

Table 6.3: The Numbers of Children attending Primary School in Rural Areas of Niger (Ministère de l'Education Nationale et de la Recherche, 1994).

Department	1992-93			1993-94		
	boys	girls	total	boys	girls	total
Agadez	496	232	728	548	293	841
Diffa	563	380	943	655	419	1074
Dosso	5244	2149	7393	6273	2699	8972
Maradi	6068	1842	7910	5556	2048	7604
Niamey	--	--	--	--	--	--
Tahoua	6076	1951	8027	6585	2282	8867
Tillabery	5371	3896	9267	5987	6487	12474
Zinder	4092	2139	6231	4301	2259	6560
Total	27910	12589	40499	29905	16487	46392
% by Sex	68.9	31.1	100	64.5	35.5	100

Table 6.4: The Percentage of Children Between the Ages of 7 and 12 Attending School (Kourgueni *et al.*, 1992).

	School attendance , ages 7-12		
	Urban (%)	Rural (%)	Total (%)
Boys	54.8	16.8	23.1
Girls	44.7	7.1	13.5
Total	49.6	11.9	18.2

(Kourgueni *et al.*, 1992: 24). Once again the differences between urban and rural areas are marked, as are differences between girls and boys (Table 6.4).

Levels of attendance would no doubt be higher in urban areas if they were not limited by the number of places available in schools. The double-shift scheme was introduced in 1992 in order to increase the capacity of the schools to educate more children. The scheme is, however, unpopular with parents and teachers who feel that the quality of education is inferior (this theme is discussed further in Chapter Nine).

School Performance

A document of December 1993 from the MoE uses the statistics of those who passed the Primary School Certificate Exam in the 1988-1989 school year as its most recent indicators: 11 857 received the certificate, 8620 of those were boys and 3237, or 27 percent, were girls (Ministère de l'Education Nationale, de l'Enseignement Supérieur et de la Recherche, 1993). The report does not indicate the number of children who actually sat the exam, and while in an interview a ministry official stated that those numbers were available, he was unable to locate the document. The Plan of Action resulting from the World Conference on Education for All also makes a fleeting reference to the poor performance of Nigerien students in the primary education years. It states that the success rates of the exams have noticeably decreased over ten years, with a drop-out rate of approximately 52 percent over the six-year cycle (Ministère de l'Education Nationale et de la Recherche, 1992:10). Once again no indication of the numbers

of students attempting the exam is provided. In a recent report, the World Bank presents an equally bleak picture of opportunities for success:

The quality of education in Niger is poor as evidenced by low internal efficiency and low examination pass rates at all levels. Low quality is reflected in repetition rates of 3-16 percent in grades one through five, and 42 percent in grade six. More than 40 percent of pupils drop out prior to grade six, and the pass rate at the leaving examination averaged only 29 percent over the last five years. (World Bank, 1994a:6)

Addressing the Problem of Girls' Education

The more specific issue of girls' education has only recently been highlighted and the statistics between males and females have only begun to be differentiated recently. In an interview, an Inspector of Primary Education with the MoE commented that it is only since they have begun to disaggregate the figures that they were even aware of the inequities between girls and boys. Since the WCEFA in 1990, the MoE has been quite active in developing new policy initiatives addressing this particular issue.

Following Jomtien, a committee was formed to promote education for all, and special efforts have been directed at girls' education. There has since been the *Séminaire sur la Scolarisation des Filles* for Sahelian countries in Dakar in January of 1994, a second meeting in Washington to assist countries in elaborating their plans of action later that year, and a further national workshop in Kollo in November 1994, all of which was supported by the World Bank. National Director of Pre-school and Primary Education, Mme Ganda, stated that they are concentrating their efforts on identifying the barriers to increasing access to education for girls, and then, hopefully, addressing them.

Producing Policy

The Kollo Plan of Action makes a call for changes both at the administrative level of the education system, as well as to the environment in which education takes place (Ministère de l'Éducation Nationale et de la Recherche, 1992). Improved information systems - in the form of supervision, monitoring, and evaluation, and in terms of research - are proposed to help identify the problem areas. Legislated activities for change include suggestions that the minimum age of

marriage for girls should be legally set at 16, and a proposal that schools allow girls to begin at a younger age so that they have a better chance of completing the primary cycle. Awareness-raising activities are proposed for all levels of the community, including local administration, traditional chiefs, parents, students, and influential people within the community such as marabouts. Activities such as these would be carried out with the help of local women's groups and the parent-teacher associations.

The Kollo Plan of Action also addresses issues which directly affect activities in the school curriculum, including the proposal that textbooks be surveyed for inappropriate portrayal of stereotypes (*ibid.*). (See following section). *Activités Pratiques et Productives* (APP), which are already supposed to be a part of the daily school routine, will be rejuvenated and expanded to include various aspects of domestic and family life in addition to agricultural skills. Emphasis is placed on increasing civic awareness and morality based on traditional culture.

Attempts to increase the number of girls attending school include plans to recruit girls and boys in equal numbers. Acknowledging the labour demands that girls fulfil within the household, the Kollo Plan of Action attempts to propose ways of reducing the labour needs by putting mills and wells in the villages. It also suggests a revision of the curriculum to allow the educational materials to respond to the needs of girls (*ibid.*). Additionally, it proposes activities for outside the classroom that will work proactively to encourage girls and their parents to increase enrolment rates: these include the promotion of positive female role-models and an active protection of girls from potential exploitation.

Earlier proposals have also directed attention at increasing levels of women's literacy as a method of improving the level of acceptance of female education. The 1993 report entitled *Problématique de la Scolarisation des Filles au Niger* (Ministère de l'Education Nationale, de l'Enseignement Supérieur et de la Recherche, 1993) proposed apprenticeship programmes to help create revenue and increase literacy centres for women in the villages. The report also recognised the need to include culturally sensitive proposals for change. It proposed an increase in the *Médersa* schools which teach in both Arabic and French¹⁷, as well as calling for a law to increase the age of marriage for girls, creation of school

¹⁷*Médersa* schools, in which the French language is taught along with Arabic and Islamic studies, currently make up 5% of the enrolled primary population (World Bank, 1994:10).

canteens and an enforcement of the 1982 law which states that all teachers must spend their first year teaching in a rural area, in the hope that more women would teach in rural areas and become role models.

Assessing the Challenge of Uniting Policy with Practice

The efforts that are being made to strike a balance between traditional values and modern needs are apparent. Throughout the education policy and proposal documents, the traditional roles of women and girls are maintained, while the positive benefits that literacy skills can bring to those roles are emphasised. What is not acknowledged in the documents is the challenge: the MoE states that their target is to increase the female enrolment rate to 40 percent by 1996 (Ministère de l'Éducation Nationale, de l'Enseignement Supérieur et de la Recherche, 1993), yet it fails to acknowledge in the same document that only 27 percent of all children are going to school at all. These challenges must be viewed in light of the fact that the GoN does not have the resources to educate all its school-age children at present, let alone deal with the annual increase in potential enrolments due to a population growth rate of 3.4% (UNICEF, 1996b). Moreover, none of these proposals is particularly groundbreaking. Although education for girls is currently enjoying a heightened level of attention, the topic has been discussed since beginning preparations for the 1990 WCEFA conference. Maiga (1991) has concluded that in order for the issues to be tackled, a "severe and firm policy"* is required. Calls for change remain largely at the international level, or are given only lip-service.

Textbook and Curriculum Development

With the aid of the World Bank and funding from the German government, efforts have been made to tackle curriculum development. In 1987, the MoE held a series of meetings with all groups and organisations involved with primary education with the objective of replacing the old French curriculum from 1945 with a new one produced by Nigeriens. The *Institut National de Documentation, de Recherche et d'Animation Pédagogique* (INDRAP) organised a series of meetings and seminars with teachers, politicians and area specialists aimed at developing a curriculum which conformed to the socio-cultural reality of Niger. After six years, the "*Programmes de l'Enseignement du Premier Degré*" was eventually published.

While no reference is made directly to any differences between girls' and boys' scholastic needs, this curriculum has now become the basis of new

textbooks which are intended to be supportive of girls' participation in school and provide role models. The textbooks themselves are being developed by a committee of teaching specialists. An initial survey of the new textbooks available quickly shows a vast improvement over the older books. Taking the primary reading books as an example, the older text, "*La Famille Boda*", is based on a modern family of four (mother, father, daughter, son) in the Côte d'Ivoire in the 1950s. The text utilises images of parents dressed in western clothing, refers to family pets anthropomorphically, and includes images of family members sitting at a dinner table complete with tablecloth and forks and knives. None of these images bears much relation to the experiences of the average Nigerien student. In order to create situations in the text-books in which young readers would be able to recognise their own lifestyles and customs, the storylines now strive to achieve a sense of "generic" Nigerien situations. Relying on sketches and cartoons rather than photographs, "*Pour Lire et Pour Ecrire*" is based loosely around the activities of Boubé, a small boy, and his friends.

The creation of generic representations is itself problematic. In attempting to develop a common national identity, local differences may be glossed over or ignored. The result may be an image that none of the groups recognises as its own. Equally, the image may represent one group more than any other, perhaps emphasising power hierarchies and potentially causing friction or tension between groups.

While the relative merits of the new textbooks are discussed from the point of view of the teachers in Chapter Nine, it is useful to look briefly at the representation of girls in the texts. Using "*Pour Lire et Pour Ecrire*" as a case in point, of the 46 cartoons which provide the starting point for each reading lesson, girls speak in only 16. Of those 16, six of the cartoons depict girls carrying out domestic chores and three depict them as frightened or crying. In contrast, boys appear in 30 of the 36 with them depicted doing a variety of activities including carrying out domestic chores, playing games, reading books and asking questions. While the new texts are an improvement on the old ones, unfortunately they appear to have done very little in the way of challenging female stereotypes and instead seem to have relied on images which reinforce the belief that girls are weaker and more submissive than boys.

Awareness and Advocacy at the Ministerial Level

For the most part, at the national level, there seems to be some awareness of the need to promote education for girls. Those working in the ministry can easily recount the problems of low rates of enrolment, the even lower rates of female enrolment, and the types of action needed to address the problems. The cultural constraints on females attending school are frequently listed, and the fears of pregnancy, loss of labour in the household and lack of interest in what the education system can offer are some of the reasons cited. The situation, however, remains unchanged. In the same way that the DFP has been immobilised by strikes and inactivity, so too has the Ministry of Education. Time lost to strikes, insufficient funds, and the *années blanches* are commonly cited as the reasons for the lack of progress.

Despite a large display of rhetoric in the form of speeches and plans of action, little has been translated into activities addressing the issues around girls' education. On one level, a small number of individuals within the ministry is working hard, despite strike days, to change the position of girls in education. One member of the MoE - who, in addition to her work with the ministry, has also helped to establish an organisation of women teachers working towards improving female educational opportunities - is clearly devoted to the cause:

It is women who make men. It is the mother who takes care, raises and teaches the boy. It is she who keeps him clean...yet we don't get enough education! You must educate a generation, a country. It is the woman who makes the world. If a woman is educated she will know about vaccinations, diarrhoea, when to go to the health clinic...*

Clearly, even these groundbreaking efforts indicate a dependence on the image of women in the reproductive sphere only.

The National Director of Pre-school and Primary Education was equally disturbed about local reluctance to send girls to school. She recounted stories of parents who pay the school headmaster not to register their daughter, of people who hide their daughters saying they have died, or who send them away to prevent them from being registered. She felt that in the future, there needs to be more studies investigating the complexities of the problems of girls' schooling in order to

ameliorate the situation. These complexities are discussed further in Chapters Nine and Ten.

Unfortunately, not everyone is as motivated. In an interview, one senior member of the Training Division at INDRAP was a great deal less concerned about proactive moves for improving education for girls:

Here in Niger, we are not so interested in education for girls, but in global education. There is no discrimination between boys and girls in the schools.*

When it was suggested that the studies said otherwise, he responded:

Yes, but none of the statistics agree. They come from the World Bank, UNICEF... Sometimes it's 30 percent, sometimes its 28 percent. So the GoN is increasing the levels of education for everyone.*

At the same time, he listed the usual reasons why education for girls was such a complex problem to address, saying that the root of the problem was cultural and very difficult to tackle. The cultural barrier often seemed to be invoked as a means of exemption for attempting to make any changes. Throughout the fieldwork, these sentiments were echoed down the system to the village school level. These issues are discussed further in Chapters Nine and Ten.

The Reaction of the Donor Community

The donor community seems to be reacting to the continuing crisis in the Nigerien education system with varying degrees of acceptance and despair. Most funding for education comes from the World Bank and UNICEF, with additional funds coming from the French, German, Dutch, Canadian and Norwegian governments. An increase in education projects has been proposed for 1996, with both SNV and the German GTZ looking at funding local language school projects and Canadian CIDA beginning base-line surveys on which to build future girls' education projects (Merritt, 1995).

The World Bank was also poised to begin its third education project in Niger in 1996. Its two previous education projects both finished behind schedule and without fully obtaining their objectives. The first education project, which began in

1982 and finished in 1990 (two years behind schedule), financed the development of two agriculture schools. The second education project, the Primary Education Development Project, began in 1987 and was scheduled to finish in December of 1994. It set out to construct and repair classrooms and to introduce double-shift teaching. The Bank refers to its results as a "generally positive picture marred by two issues" (World Bank, 1994a:11). Those two issues are 1) INDRAP's failure to complete the development and testing of new textbooks and 2) the growth, rather than reduction, of the higher education scholarships budget¹⁸.

In fact, the issue of providing scholarships to every student in secondary and higher education continues to be a point of discussion with the World Bank. In 1990, before approving funding for further projects, the GoN was asked by the World Bank to expand the double-shift system of teaching to all urban areas, to reduce the percentage of resources being directed to higher education scholarships (27 percent of the education budget is devoted to higher education; of this, 70 percent goes to student subsidies (World Bank, 1994a: 5-6)), and also to abolish the automatic recruitment of all higher education graduates into the civil service. The double-shift system has only recently been re-established in some urban schools - it had been established in 139 classes before being abandoned in 1992 by the Nigerien National Conference at the request of the teachers' union. Further, the scholarship budget doubled between 1991 and 1993, and the Prime Minister publicly announced only in May 1995 that, in the future, it would be impossible to guarantee jobs to all graduates.

In its proposal for the third education project, the World Bank outlines the objectives as:

to achieve the following targets during the 1999/2000 school year: (a) raise admission into grade one of primary education by 40 percent; (b) increase the share of girls' enrolment in primary education from 36 percent to 40 percent; and (c) reduce the percentage of repetition in primary education from 16 percent to 10 percent. (World Bank, 1994a: 12)

The World Bank states that it has learned lessons from previous experience in Niger. The preparation of the third project emphasised national consensus-building

¹⁸The number of scholarships increased from 3991 in 1990-91 to 6403 in 1991-92 (World Bank 1993b).

“to gain wide acceptance to the reform program supported regarding double-shift teaching, restructuring of teacher training and reduction in student scholarships” (1994a: 11). As of May 1995, the conditions had not been met, students were striking in protest, and the project had not yet been able to commence activities.

Pierre Nignon, World Bank Education Administrator for Niger, expressed his hope that the MoE would be able to raise the level of girls’ enrolment to 40 percent of the total enrolment rate by 1999. He was, however, aware of the challenges that lay ahead for the project and, as he put it, “we are just starting...with the basic education project, much of it hasn't been done because of the state of the economy...”*. He added that the project would be working with the GoN to create a unit looking at issues of girls’ education. It will also be looking at daily schedules and, recognising that girls have a busy work day, attempting to produce some improvements in alternatives. They will be making an explicit link between increased levels of education and increased levels of family planning use, emphasising the need to advance development on all levels and the role that educated women can play within that need (World Bank, 1994a). The World Bank’s Nigerien WID assessment reinforces this link:

In order for women’s participation in the benefits of project interventions to be enhanced, they must be empowered to participate where they do not already have the necessary skills and other resources. Key among these are education and literacy. (World Bank, 1993a:15)

The obstacles continue to be substantial. A Nigerien member of the World Bank’s Primary Education Project team expressed his doubts about the viability of the education system in the near future: “It will continue like this where some years count, some don’t. There will be strikes on and off. It’s going to stay like that for at least five years!” * Administrator of UNICEF’s Education Project, Abdou Ousseini, was marginally more positive, asserting that the Ministry, despite its call for more research, did not need more proof of the fact that the system was poor and that girls need help. He felt that the time had come for action: “We have done a lot of groundwork...but the context is very difficult. We can only have courage.”*

EDUCATION AND FAMILY PLANNING PROGRAMMES IN THE WIDER SOCIAL CONTEXT

Programmes addressing both family planning and education for girls must deal with barriers and constraints arising from customs or traditions. The family planning project has learned thorough experience that attempts to change behaviour away from what are perceived as traditional values can result in a backlash of protest from the conservative elements of society. Activities promoting education for girls are careful not to raise the anger of conservative Islamic groups who feel that girls ought not to attend school. It is clear that both programmes realise the care with which they must approach attempts to change the public's perception of the role of women in society. As they have demonstrated in the past in this context, Islamic associations can significantly sway public opinion - something which has not been overlooked by the politically ambitious.

The Power and Influence of Islamic Associations

In pre-democratic times, the only Islamic group allowed to exist was the one group approved by the government: the National Islamic Association. Since the 1991 Nigerien National Conference and the introduction of democracy, a steady increase has occurred in the number of Islamic groups with at least eight groups existing at any given time. The arguments relating to changing society used by the Islamic groups are complex and difficult to disentangle (Dunbar, 1991), but on the whole relate to interpretations of the appropriate Islamic way of life. What is clear, however, is that they command a lot of support. Politicians recognise that these powerful groups have the ability to rally large percentages of the vote, and in order to secure these votes, politicians must appeal to the concerns of Islamic groups. The time since democracy has brought increased freedom of expression to these groups and many have focused their attention on the position and rights of women in society, calling for women to be placed in a subordinate position to men. Calls from international organisations to increase the provision of methods of family planning across the country, and to improve the status of women in society through the creation of a piece of family legislation (which would give women inheritance rights and more rights as parents of their children) has provoked anger from a number of these Islamic organisations. The group of organisations which refer to themselves as the Islamic Associations have publicly condemned family planning on a number of occasions¹⁹. They have a history of taking an aggressive stance

¹⁹ See "Les Islamistes en Guerre Contre les Préservatifs" in *Tribune de Peuple*, no.80/18, November 24, 1994: Niamey, Niger; and "Déclaration du Collectif des Associations

towards any attempts to discuss these issues, once storming and disrupting a public debate on family planning and Islam.

Reluctance on the part of the government to upset the Islamic Associations has meant that attempts to establish increased rights for women have been obstructed. Adamou *et al.* (1995:13) have commented that the Nigerien proposed Family Code (see following section) is "perhaps the least ambitious in terms of promoting the status of women of all the examined laws in West Africa."^{*}

The Impact of Changing Interpretation of Islam for Women in Niger

In this political situation, where groups and individuals are negotiating for maximum power, accusations that democracy is leading to the downfall of the country have become common. According to the Islamic Associations, this "anarchy" can only be counteracted by a return to "traditional values"²⁰. Traditional values in this case are those values as remembered and reinterpreted by Islamic leaders.

Marabouts often make speeches following prayers, particularly on a Friday when they will have large audiences. Often mosques have loudspeakers broadcasting the sermons for all to hear. It is through these sermons that men and women are encouraged, or incited, to "return to" a proper Islamic way of life. During one of these speeches, for example, a marabout in Zinder argued that the decline in moral standards was due to *anasaras* (a term used to mean white people) and that anything the Europeans brought to Niger was bad for Muslims and should be rejected as being against Islam. European clothing in particular was identified as at odds with Islamic customs. All of the statements made in his broadcast were justified by the declaration that he had read it all in the Koran.

Dunbar (1991:86-7) notes that the fusion of Islamic ideals with pre-Islamic customs before the colonial period had profound effects on women, simultaneously ensuring formal rights to protection, maintenance and inheritance, and limiting interpersonal conduct and freedom of action. She argues that the more recent attempts of the government to restructure political culture and establish a national identity have reinforced Islamic values, and that the potential implications for women are mixed. Observing the increased psychological and economic

Islamiques sur la Dégradation des Moeurs, la Limitations de Naissance et la Publicité sur les Condoms" in Sahel Hebdo, November 19, 1994: Niamey, Niger.

²⁰ See Sahel Hebdo, November 19, 1994: Niamey, Niger.

dependence of married women on their husbands that has resulted from the pursuit of the ideal of Islam, Dunbar comments that the effects are even more startling today:

When times are hard, women become more insistent upon their material claims, and if thrown onto their own devices are ill-equipped to cope. Men struggle to meet their demands, but faced with many forces they cannot control, exert even greater force on what they can - their wives. (Dunbar, 1991:87)

As Dunbar has contended, the issue of women's role in society continues to be sensitive, and it proved easier to discuss these topics in the villages, where marabouts are more likely to listen to questions politely and respond, than in the city where questions are likely to provoke anger and even violence. What is perhaps a more telling indicator of the relationship between the new-found power of the Islamic groups and their influence on the role of women in society is the way in which they have been instrumental in preventing the Family Code from being passed in the National Assembly.

Attempting to Create a Family Code

As it stood in 1996, Nigerien family law was composed of three layers: customary law, Islamic law and French Civil law. The Family Code was first proposed in 1976 to replace the three laws with one, which would take into account the complex legal history of the country. For the most part, and particularly in rural areas, unless French Civil law is explicitly chosen at the outset of a marriage, customary law guides most rulings on family law (Boye, *et al.*, 1991; Dunbar and Djibo, 1992:7; Adamou *et al.*, 1995).

The development of the code has stopped and started several times due to the fear that it would cause political unrest (Dunbar and Djibo, 1992: 22). Dunbar has noted:

Although neither the chronology nor the precise circumstances are clear, the failure of the code project [in 1982] was probably the result of insufficient attention on the part of the principals at work on it in Niger to solicit the participation of local officials, especially the *préfets* of the departments. (Dunbar, 1991:82)

The code was left untouched until 1989. In its present form it is the result of the combined efforts of members of the Association des Femmes du Niger (AFN), an inter-ministerial committee and individual scholars under the direction of an official of the Ministry of Justice. While the donor community had been hoping to have the Code passed in the National Conference in 1992, it was not successfully passed and was instead revised and circulated for further debate and discussion.

The code, which used similar codes from other African Islamic countries as templates, is divided into four books: "Laws Concerning the Person", "Succession", "Marriage", and "Gifts and Wills" and contains a total of 603 articles. Dunbar and Djibo (1992:23) note that 43 percent of those articles refer to inheritance rights, reflecting its importance. Despite what the responses of the conservative groups may imply about radical challenges to the status quo, the Family Code is extremely conservative. Of the following articles summarised by Dunbar and Djibo (1992), no.1, no.2, no.4 and no.5 are clearly perpetuating an unequal distribution of power. Further, the "full civic capacity" promised in no.6 is hard to imagine, given the constraints of the preceding articles. The following articles are among those they have summarised as the main points of interest for women's status:

1. The domicile of a married woman is that of her husband or the residence that he has determined [for her], unless another is authorised by the court.
2. The minimum age of marriage for a woman is sixteen and for a man, twenty-one; however, dispensation may be granted in exceptional circumstances by the chief of the *Circonscription Administrative*.
3. Consent of both of the future spouses is required to be attested to by the officer of the *État Civil* on the Act of Marriage.
4. A suitor of a woman subsequently married to someone else has the right to block her marriage to another until he has been compensated (i.e., presumably with the gifts he has given the girl and/or her family, or an equivalent amount in money). [As a reflection of concern about major expenses incurred by a man at marriage, this provision is unprecedented in any other West African Family Code.]

5. The husband may opt for monogamy at the time of a first marriage or any succeeding marriage when prior marriages have been dissolved. [Although it was reported that he may rescind this option with the approval of his wife, there is nothing in the Code's present text to indicate that option.]

6. A married woman has full civil capacity.

7. A married woman with personal property and revenues of her own may open an account in her own name.

8. Divorce may occur through mutual consent if freely given, or through judicial action. Repudiation is prohibited. (Dunbar and Djibo, 1992:24-5)

The impact that the Family Code could hope to have, even if it was passed, is very limited. The debates regarding language and discourse change at the international level, which were discussed in the previous chapter, are equally applicable here. The proposed legislation, as biased and discriminatory as it was, would only have been useful for the few educated women, mostly in Niamey, who knew about it in the first place, and then, had the power to act upon it. In a similar vein to Petchesky's argument, Nigerien feminists supporting the Code argued that it was a tool whose utility would, they hoped, eventually have an impact on rural lifestyles. Those who had contributed to its development had aimed to achieve a product that would eliminate discrimination against women, but did not offend the sensibilities of the conservative elements in Nigerien society. Clearly, in its attempts to avoid offence, the Code had moved further away from potential improvements in gender equity. However, despite even these efforts, the Family Code has been faced with severe criticism, most notably from Islamic Associations, and it has been dropped from the government's agenda.

SUMMARY

The education and fertility debate outside of Niger has been presented as extremely complex in its theoretical, methodological and practical orientations and, as a result, is hotly debated. Yet, despite the time, effort and resources spent considering the issues, the debate would appear to offer very little to a country like Niger. Nonetheless, although there is little relationship between the scholarly

theoretical debate regarding education and fertility and the current Nigerien context, the absence of connection, itself, is a point that requires further examination.

Since family planning activities in Niger did not even begin until 1984, there has been only a short period of time from which to evaluate which points of the debate are valid (and why), and which points are not valid (and why). The central issues of creating effective education and family planning systems break down into two main themes, the first relating to the ideological perspectives of Nigerien society and the second relating to the country's lack of resources and social and economic insecurities.

Methodologically this chapter was challenged by the difficulties of locating "hard" evidence in the form of official documents and statements in which to ground a few of its statements. However, it has established that girls' education is very poor, in part due to cultural conditions and in part to the state's inability to establish a national system. Equally, it has established that efforts to promote family planning have proven to be even more likely to raise ideological protest and to be constrained by the state's poor infrastructure. Ultimately, if - as was discussed in earlier chapters - girls' education is connected to decreasing fertility, even without the structural and administrative difficulties, Niger would still confront huge cultural obstacles.

ANALYSING RESPONSES TO INTERVENTIONS AT THE LOCAL LEVEL

The following section analyses the data collected during the fieldwork in Niger. The purpose of this section is to provide an understanding of the extent to which the policies, conceived of at the international and national level, actually reach the local level in the form they were intended. The previous section identified the weak links in communication and conflicts of understanding that have served to reduce the impact of education and family planning development efforts in the Nigerien context. Building upon that understanding, this section looks at the additional challenges that local government representatives in the form of teachers and health workers face as they attempt to interpret policies and directives and implement them to the best of their ability and understanding. Equally, the perspectives of local men and women with regard to the introduction of education and family planning programmes are explored. The chapters look, in particular, at the extent to which gender roles within the community influence and, in turn, are influenced by the outcomes of the programme efforts.

The section is organised in such a way that the two elements of the study can be followed separately and parallels drawn from responses to each development agenda. Family planning is addressed first from the point of view of health workers and then from the village level. Following this, the analysis of responses to girls' education from the equivalent levels is presented.

Chapter Seven looks at the issue of education for family planning from the service delivery perspective, considering the professional remit of local health staff, the challenges of their work and the effect on their personal lives. The data are placed alongside an examination of service delivery, the degree to which health staff are able to carry out their work and statistics which may or may not support their personal perspectives. The chapter investigates the extent to which the health staff are aware of an overall plan for change at the national level, and the extent to which they have been affected by strikes and salary non-payment. Equally, the chapter probes the extent to which the professional staff are integrated into the local community, looking at the role that they play both as members of the community and agents of change.

Chapter Eight focuses on the social and cultural questions surrounding fertility and family planning, and the degree to which modern approaches to family

planning have been integrated into the local decision-making structures. It looks at issues central to the process of introducing new methods of family planning, including the manner in which the local culture views fertility and its role in the day to day and long term. It offers an analysis - essential to understanding these issues, and a pivotal element of the chapter - of the role of women within the society. The influence of Islam on the evolving norms and beliefs is explored, as well as the extent to which modern methods of contraception, which have been available for more than seven years, are being accounted for in fertility decision-making processes.

Chapter Nine makes clear that, while the connection between health staff and family planning issues is overt and obvious, the relationship between educators and the family planning issues is far more subtle. Hence, in addition to addressing questions about the extent to which the education service agents feel they are successfully providing primary schooling opportunities for both boys and girls at the community level, the chapter looks at the extent to which those teachers view themselves as playing a role in influencing family planning behaviour change.

Chapter Ten explores the questions relating specifically to education for girls. It looks at the values placed on formal education, the expected returns and the problems associated with the system and quality of education available. The extent to which local people feel that education has an influence on current lifestyles and on the future is examined, with particular attention paid to future roles for girls and women. Inevitably, the strikes which have crippled the education system from 1990 to 1996, and the long-term effect of this disruption, enter into the discussion, as does the essential role that girls play in both productive and reproductive labour.

Chapter Eleven draws together the strands of the study's argument, provides a final summary, and draws some conclusions with regard to the contribution of the study to the broader understanding of the relationship between education and family planning.

Chapter Seven

Providing Family Planning Education Services

BACKGROUND

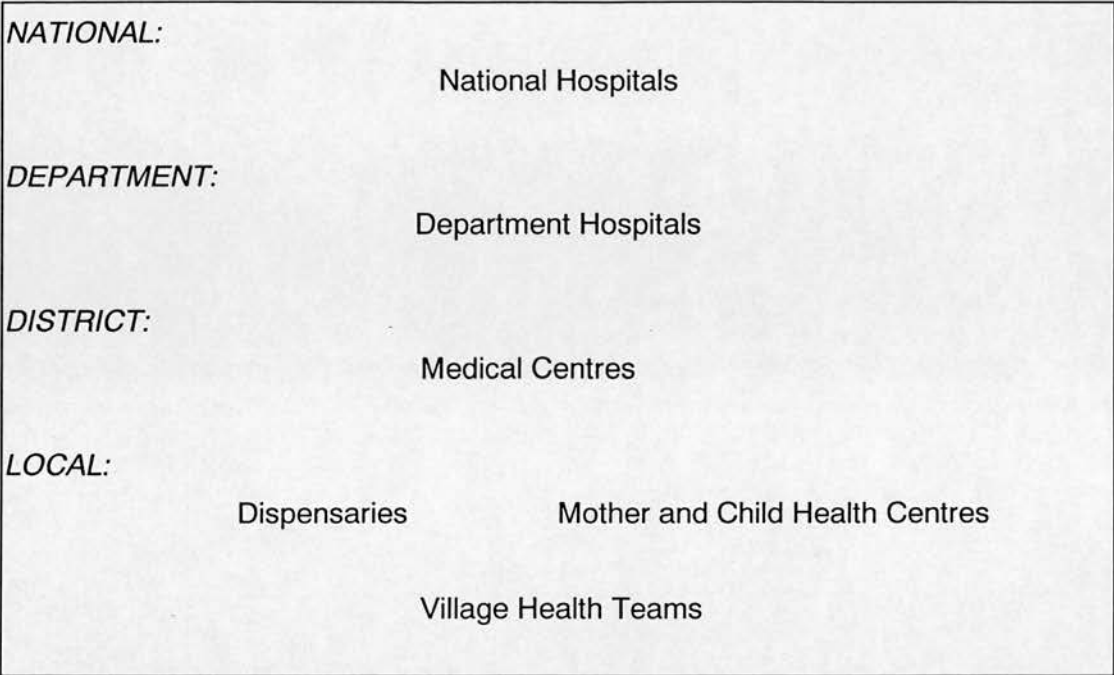
Chapter six examined how Nigerien population policy, the family planning elements within it, and policies addressing improving primary education for girls have grown not only out of the population and development discourse at the international level, but also in reaction to it. Building on previous chapters, this chapter explores the issues of family planning policy implementation from the perspective of the health worker. Examining how individual health professionals evaluate the challenges of their position as a conduit and a catalyst for policy realisation, it establishes their methods and approaches to balancing official directives and expectations with their own position as members of local communities.

The chapter begins by establishing the local health worker's position within the overall health service hierarchy. It provides a description of what might be considered "normal" or "average" work conditions in the dispensaries and Mother and Child Health Clinics (MCHC), both administratively and physically, and indicates the profile that family planning holds within the larger primary health care mandate. Following this, the chapter looks at the way health care workers view themselves as representatives of the campaign for promoting family planning, looking at both their interpretations of the political implications of their situation and their own personal view on the need for family planning. The chapter ends by describing how local health workers evaluate the reaction of local men and women to the introduction of family planning services.

HEALTH CARE SYSTEM

The health care system operates at four levels (see Figure 7.1). At the bottom of this hierarchy are the village services, above which are the district and department services which operate under the umbrella of national level services.

Figure 7.1: The hierarchy of health care provision in Niger.



Local Level Health Care

Village Health Teams

The patient’s most common point of first contact with health services is at the primary health care delivery level. Technically, initial health concerns or questions should be directed to the Village Health Teams (VHT), made up of two traditional midwives (*matrones*) and two male *secouristes* trained to provide advice on basic sanitation, nutrition and diarrhoeal management. However, although many villages have a Village Health team in name, the ability of the team to carry out their responsibilities varies widely from village to village. Interest in supporting these teams, which have existed since the 1960s, has waxed and waned several times over their history.

In the 1960s, the government attempted to install two *secouristes* per village, each with simple medical kits. Each of the men was elected by the village, which also contributed the 2,500-5,000 CFA needed to stock the basic medical kits. The *secouristes* were trained in a hospital setting by doctors who worked for the Human Development Division of the Ministry of Social Affairs, rather than for the Ministry of Public Health. As a result, the *secouristes* were treated with

ambivalence or even hostility by the health community (Belloncle and Fournier; 1975:18). Belloncle and Fournier found that where the programme was in place, it worked well. However, urban professionals were reluctant to travel out to the bush to do field supervision visits and provide assistance; hence the farther away the village was from an urban centre, the more problems they encountered. Horowitz states that it is not surprising that local health staff were reluctant to support the village health team efforts; aside from being a straightforward issue of professional jealousy, the health staff:

simply were echoing the official policy of the Ministry of Health, which had not relinquished its emphasis on capital intensive medical facilities in the urban areas staffed by qualified professionals. (Horowitz, 1983:4)

In order to redress the rural-urban imbalance, the government began to expand upon the already existing paramedic health service programme after the military coup in 1974, using some of the revenue from the uranium exports and with the help of USAID. A USAID document reports the goals of the programme:

to improve the Rural Health Delivery System of the GoN with an objective of providing basic promotive, preventive and curative health services at the village level. This project will provide health care services in 50 percent of the country's 9-10000 villages, using primarily non-salaried volunteer village health teams consisting of *secouristes* and *matrones* who will be supervised, supported and co-ordinated by the GoN. (USAID; 1976, cited in Horowitz; 1983)

Between 1978 and 1985, the percentage of villages covered by VHTs grew from 17 percent to 45 percent (Jabara, 1991). Although it appeared that initially the programme worked well, it began to flounder again when financial support from USAID finished in 1985. Without funding from an external source, the teams, while continuing to exist in name, went without supplies or supervision.

Since 1988, as a part of its Integrated Health Programme (IHP), CARE-Niger has been working with the Zinder Department of Health in an attempt to address the underlying flaws within the VHT system. A portion of the Integrated Health Programme works with the health department officials to develop training programmes for *matrones* and *secouristes*, to train dispensary level health workers

to provide adequate training and support for the VHTs under their supervision, and to ensure that the medical kits are restocked. Basic training in the provision and use of condoms and birth control pills was introduced into the programme in 1992 in order that men and women may be able to get their supplies restocked at the village level in the near future. Evaluations of the IHP in Zinder have indicated that the use of condoms and spermicides dramatically increased in the target villages in 1994, with the contraceptive prevalence rate increasing from 1.5 percent to 27 percent for men, and from 2 percent to 5 percent for women (CARE, 1995). During the 1995 study period, however, legislation allowing pills to be distributed by anyone other than doctors, nurses or trained midwives had yet to be passed.

Dispensaries and Mother and Child Health Centres

Many villages do not have active VHTs, and for most people the dispensary is their first and only point of contact with the health services. Although they do offer treatment for common ailments such as malaria, and provide basic health care provision for injuries, the large part of the rural dispensary's work is taken up with providing mother and child health consultations, pre and post-natal monitoring, and family planning services. In the urban centres, mother and child health services are offered through the MCHCs and maternity clinics.

The dispensaries in rural areas are intended to deal with all the villages within a five to ten kilometre radius. They tend to be placed in the bigger villages, or in an area where there are a number of villages clustered closely together. Work hours for all health centres are from 8:00 to 12:30 in the morning, 3:30 to 6:30 in the afternoons on weekdays and, on Saturdays, from 8:00 to 10:00 in the mornings. Health care services provided by the dispensaries and MCHCs have recently been integrated and, where previously health centres offered only one service per day (e.g. child vaccinations on Mondays, nutrition on Tuesdays, family planning on Wednesdays), women should now be able to have a child vaccinated and receive family planning counselling in the same visit. The ideal of integrated services continues to be unrealised in many areas, however, because of the lack of in-service training to introduce the system, and a report suggests that only 40 percent of the 27 health centres surveyed were offering integrated services (Diallo and Garba, 1995:22).

The dispensaries and the MCHCs are staffed by nurses and, in many cases, trained midwives. A head nurse in the dispensaries is known as "the *Major*", a term

remaining from the colonial period. He or she is responsible for supervising and managing the dispensary or MCHC, in addition to his or her duties as a nurse¹. Most rural dispensaries are staffed by nurses who have only trained one year for a Nursing Certificate (*Infirmier Certifié*). Those nurses who trained for three years to get their State Diploma in Nursing (*Infirmier Diplômé d'Etat*) tend to be placed in the Medical Centres at the district level. Mid-wives, like diploma nurses, are also required to train for three years to receive their State Diploma in Midwifery (*Sage-Femme Diplômée d'Etat*).

Technically, the dispensary staff are to be given on-site supervision by Department of Health supervisors from the district level. Because of transport problems (lack of vehicles and lack of funds for petrol), and due to time lost because of strikes, these visits seem to be very rare. When the visits do occur, reports from health staff indicate little in the form of guidance or instruction is provided.

Neither the nurses nor the midwives receive any instruction or information in their initial training relating to family planning or methods of contraception. The DFP is struggling to ensure that there are enough health workers who have completed the three-week training course in family planning service provision to have at least one trained person per health centre. According to the head of Evaluation and Monitoring at the DFP, in theory, there are currently enough trained health workers to provide the coverage, but due to the movement of workers from one centre to another, 44 of the 360 health centres do not have trained staff (Direction de la Santé Familiale, 1994).

District Medical Centres

Each district capital has a Medical Centre, staffed by a diploma nurse with several certificate nurses under his or her supervision. The Medical Centres often include a maternity clinic staffed by a midwife. Providing specialised care for the entire district as well as primary health care services for the local area, the Medical Centre normally consists of a dispensary, a hospitalisation unit, a maternity unit, a mother and child health unit and a basic laboratory. The *Majors* in the dispensaries are subordinate to the head of their district Medical Centre, and most retraining or in-service education takes place at the district level.

¹The position of *Major* is almost always filled by a male nurse. While I did visit several health centres run by female doctors, I did not encounter any female *Majors*.

Department Hospitals

In the event that a patient is too ill to be treated at the Medical Centre, he or she is then, in theory, evacuated to the hospital in the department capital. Each department has a hospital which provides special services in surgery, internal medicine and paediatrics. The departmental hospitals are also the administrative centre of the health services, and work closely with officials in the Health Ministry.

These hospitals are often ill-equipped and short of essential medicines. Attempts have been made to build cost-recovery mechanisms into the hospitals but these have been met with limited success. One study indicated that, despite the introduction of a sliding scale of charges, those less able to pay charges seemed to be paying the most, while civil servants and those able to afford the payments were receiving services for free (Jabara, 1991). Hospitals are viewed with some trepidation by local people who associate them with grave illness and high cost (compared to the local marabout or traditional healer).

National Hospitals

In addition to the department hospitals, there are also three national hospitals, one in Zinder and two in Niamey. These hospitals are the research and training element of the health structure and are linked very closely with two large maternity clinics providing training in Niamey, and the three national health centres: the National Centre for Family Health, the National Centre for Tuberculosis, and the National Centre for Leprosy.

HEALTH SERVICE COVERAGE

The ratio of population to medical personnel is very high, but it varies a great deal from urban to rural situations, in part due to the history of emphasis on urban-oriented health care, but also because of the large percentage of the country's population living in rural areas. Jabara noted in 1991 that Niamey, which accounts for 5.5 percent of the population, absorbed 45 percent of health related public expenditure. Further, Niamey has 24 percent of the MCHCs and 50 percent of the trained doctors (*ibid.*). Table 7.1 shows that the ratio of the number of nurses (of any level of qualification) to patients varies from 1:809 in Niamey to 1:9699 in the department of Tillabery. Numbers of midwives range from 1:720 in Niamey to 1:13490 in the departments of Maradi and Tahoua.

In its five year health plan for 1994 to 2000, the Ministry of Public Health acknowledged that the population will continue to grow at a faster rate than they are able to train health professionals. Hence, in the near future at least, the pressure on the health service will continue to increase. Additionally, the Plan acknowledges that the training currently provided is constrained both by the fact that there is an insufficient number of medical teachers, and the fact that only 18 of the 65 permanent teaching staff have had any type of teacher training (Ministère de la Santé Publique, 1994:22).

THE DISPENSARIES AND MOTHER AND CHILD HEALTH CENTRES

Physical Set-up

Most of the health centres are concrete constructions inside a walled compound. In urban areas, there may be more than one building, and often the buildings themselves are larger, with one or several treatment rooms, perhaps a small storage room, and several examination rooms. Often one room will be assigned for vaccinations, one for child health, one for family planning, etc. In rural dispensaries, the building is divided into two sections: one is the residence of the *Major* and the other comprises two or three examination rooms, and perhaps a labour room for the delivery of babies. Frequently, within the compound of rural dispensaries, there will be several small huts where patients who are too ill to travel back to their villages, or who must be isolated, may put their belongings and take

Table 7.1: Ratios of Health Personnel to Population by Department (Ministère de la Santé Publique, 1994).

Department	Nurse 1 per:	Doctor 1 per:	Pharmacist 1 per:	Mid-wife 1 per:
National	4005	35085	148824	6052
Agadez	1386	16905	85865	3729
Diffa	1701	21738	198865	3493
Dosso	6203	98739	1181842	10373
Maradi	7709	124522	537887	13490
Tahoua	7602	92650	145472	13490
Tillaberi	9699	190345	1524169	12690
Zinder	5853	95092	1607042	9392
Niamey	809	85341	10382	720

cover from the sun. There is often a shelter under which health-care lessons and baby porridge or oral rehydration solution (ORS) demonstrations are given. In rural and urban health centres alike, the floor-plan is very open, with a large corridor through the middle of the building to allow the breeze to blow through and cool the building.

For the most part, the centres are very spartan. The examination rooms are small and often cramped: dilapidated desks, chairs and cabinets take up much of the space, with old and often dirty examining tables pushed into a corner, sometimes behind tattered curtains. The walls are usually dingy and bare, with the exception of an occasional family planning or child health poster. All of the surfaces are invariably covered with the fine red dust that is an inescapable element of the Sahelian environment. In most dispensaries, the windows offer the only source of light, and the heavy shutters are often propped open to allow both light and a breeze into the room. Diallo and Garba (1995:20-1) report that, out of 27 health centres visited, 37 percent failed to meet hygiene standards, and 70 percent had a communal room without any form of separation for their clinics and counselling.

Health workers have at their disposal a health card containing each patient's history, a pen, a stamp pad with one or two stamps and perhaps a few scraps of paper for writing prescriptions. The demonstration kits, or *malletes*, which display all of the available methods of family planning provided to all health centres by the DFP, are also sometimes on the desk. Additionally, the large flip-chart boards produced to help explain male and female anatomy in relation to family planning are sometimes on top of cabinets or beside the desks.

Outside the rooms, the women squeeze on to the metal benches that line the corridors². Almost all have at least one child with them, and many sit breastfeeding while waving their health cards in front of their faces to create a breeze and keep the flies away. Urban and rural health centres alike are often extremely overcrowded, so that women and children fill the corridor and spill into the compound to wait their turn.

The dispensaries rarely have electricity. CARE-Zinder was supplying the dispensaries in the Integrated Health Programme with propane gas in order to run a

²Because dispensaries offer, for the most part, Mother and Child Health services, very few men are in evidence. Occasionally a father will bring a child to be seen, but most often it is the mother's responsibility.

small refrigerator to keep vaccines cold and to enable them to boil water to sterilise syringes. Most rural dispensaries have a motorcycle, which tends to be appropriated by the male *Major* because he is the most senior and because, outside Niamey, women are unlikely to see driving a motorcycle as appropriate behaviour. The motorcycles are intended to allow health visits to be made to villages outside the dispensary village, but a lack of funds for petrol often prohibits these activities.

Staff

Each rural dispensary is staffed by a *Major*, an additional nurse and sometimes a certified midwife. The health staff also have a number of traditionally trained *matrones* who assist with mothers in labour. In addition, there will be an assistant, inevitably male, who is a general helper, running errands, repairing things and cleaning instruments.

In urban health centres, the numbers of staff vary widely from one place to another. I visited a centre staffed by one female nurse, a centre where there was a doctor, numerous nurses and midwives, and several intermediate staffing levels. It is far more common to see female doctors and female heads of staff in the urban areas.

Health Centre Routines

While the integration of primary health care services means that a woman should be able to arrive at a health centre at noon and be seen by a health worker that day, it is not always the case in reality. In order to streamline their operation, health workers in several of the dispensaries visited had organised their working day into stages. As women arrive, they are given numbers denoting the order in which they will be seen and they are handed their health record cards. After a large enough number of women have arrived, a nurse begins to weigh and take the blood pressure of those women who have come for pre-natal or family planning consultations, and who may also weigh the children for post-natal, nutrition or vaccination consultations. Often, all of the initial weighings are completed before the nurse or midwife begins to see the patients. When the weighings are finished, the women are placed in order on the benches outside the examination rooms. If a woman happens to arrive after the weighings are finished, often as early as 10 a.m., she might be told that she is too late to see the nurse or midwife, and told to return on another day. This practice of arranging the schedule to suit the health

staff rather than the patients seemed to be more common in urban clinics. Rather than making healthcare services more accessible for women, this approach to organising the morning appeared to create further barriers to women's contact with healthcare professionals.

The routine is more or less repeated in the afternoons if enough women have come to the centre. Often, however, few women come to the dispensary in the middle of the day because they are too busy with chores which require immediate attention. In several of the dispensaries I visited, it was not unusual for the health staff to be very reluctant to work in the afternoons. Women who do go to the health centres in the afternoons know that they will either face a long wait to be seen or that they may even be turned away.

Information, Education and Communication Sessions

Somewhere between the woman's arrival at the health clinic and meeting with the nurse or midwife, the health staff are scheduled to conduct an Information, Education and Communication (IEC) meeting with the group. The IEC topics of nutrition, the benefits of immunisation, family planning and sexually transmitted diseases are on a rota. Usually when the IEC session is conducted, it is squeezed between weighing the women and seeing them individually. In some of the bigger centres visited in Niamey, older women known as *femme relais* (literally a female relayer of messages) - who had been given some training on the topics as well as on presentation skills - conducted the IEC sessions while the women waited. While all centres have a schedule of the IEC topics, and staff point to it as proof that they actually carry them out, the meetings are often given the least priority and are therefore the first to be abandoned:

We do a meeting almost every day, except when we have a lot of work and we notice that we won't finish our work before 12:00. Usually we do [the meeting] before starting the consultation, in the morning. There is a timetable for the meeting: Monday we do IEC on family planning, on Tuesday we do it for vaccinations, on Wednesday we do it about nutrition, on Thursday we do pre-natal [information] and on Friday we do prenatal again.*³

³All quotations marked with an asterisk have been translated from French.

While the impact of the IEC sessions on women's understanding of family planning is discussed in depth in the following chapter, it is useful to make a few observations at this point. Of the many IEC meetings I observed, the ability to communicate information to the women varied greatly from one health worker to another. In most of the sessions, the nurse or midwife made some use of the didactic materials produced by the DFP for the family planning IEC sessions, even if it was just pointing to a picture of a healthy pregnant woman. In some cases health staff were animated in their presentation and able to elicit questions and information from their audience; in other cases the women were too embarrassed or afraid to speak, and as a result were berated for their ignorance. The extent to which the presentations and the physiology of contraception is useful for providing women with an understanding of their reproductive systems is questionable, simply because the medical model presented is so vastly different from their own belief system. Ten to fifteen minutes of description of male and female anatomy does not accomplish much. The stories relating the situation of two families (one using family planning and the other not) do seem to be more useful, in part because the women enjoy being entertained by the story and because they are able to draw parallels to their own lifestyles.

Effects of Strikes on Dispensaries and Mother and Child Health Centres (MCHCs)

The health care workers belong to two unions: the *Syndicale Unique de la Santé et de l'Action Sociale* (SUAS) and the umbrella union, the *Union Syndicale des Travailleurs du Niger* (USTN). Since 1990, the health workers have been active in striking in protest against the failure to receive salary and against the ongoing threats of the government to decrease the overall size of the civil service. When I was in Niger in 1993, strikes were sporadic and ranged in length from one day to one week. As noted in an earlier chapter, in 1995, for a period of two months, health centres were open for two hours a week only. Monday to Wednesday were SUAS strikes in protest of lack of salary payment, and Wednesday and Thursdays were USTN strike days in protest of lack of pay and threats to diminish the civil service.

In response to questions about the strike, many health workers appeared to be almost resigned to the unpredictability of their future. For the most part it seemed that the most important reason behind their actions was the inconsistent

and often non-existent salary payment. In February 1995 health workers in the Department of Zinder had gone without pay for six months. The *Major* at one clinic explained that, while he felt a responsibility to his patients, his participation in the strikes was a point of principle: "How can I feed my children? Until [the government] has paid our salaries for at least two months, we will not return to work. No, it's not possible!"⁴. Like most civil servants, health workers were forced to survive on millet and vegetables they had planted themselves, and extended credit and gifts from the community. In some ways, living in a rural area was almost seen as an advantage in these circumstances. One midwife commented that life in the city was far too expensive and in the village she could live "decently"

The unreliable payment of their salaries over the years almost requires that individuals take up a second or third method of generating income or resources. Often this means that some health staff may allow their secondary methods of income generation to interfere with their work responsibilities, and it may also lead to the abuse of their position. Although we did not come across any health staff who admitted to demanding extra charges for their services, it was not unusual to hear stories of health staff demanding payment for aspirin or other medication meant to be supplied free of charge. In fact, there seemed to be a widespread belief that family planning methods in particular would carry some sort of cost, indicating a strong possibility that in some dispensaries women and men were being charged.

PROVIDING PRIMARY HEALTH CARE

The strike and the resulting suspension of services seemed to accentuate the frustration that health staff felt towards their task as health educators and providers. Lack of institutional support leaves health workers feeling isolated and often overwhelmed by the tasks set out for them. They are aware of the huge scale of health needs in both rural and urban areas, yet they often feel they are being asked to tackle the problems alone. Supervision levels are very poor, with dispensary staff receiving little input or support from higher levels. Often the supervision they do get is largely in the form of a collection of records, as this comment from a midwife in Niamey shows:

⁴The interactions with the health staff and teachers in the villages were conducted in French and in Hausa. Cases where quotations are translated from French are noted with an asterisk. It can be assumed that those quotations without an asterisk were conducted in Hausa.

It is the Mayor's office [that supervises us]. They supervise all of us; we are one doctor, four midwives and the nurses.... I think they come every trimester. I am not quite sure. They look at the register, the papers, and they ask about our problems.*

Support in terms of professional advice is problematic and most health workers are obliged to work within the confines of their own clinic, with little contact amongst clinics. In response to questions about the amount of contact with other health clinics close by, one midwife in Niamey responded:

We do [talk with other health centres], but not often. It happens...like, if a woman who lives far away from here comes because she is used to the place - we will ask her to go to a place closer to her home. We can call the place or give the woman a note.... Other than that, we don't really have contact with other staff.*

This isolation, combined with the government's failure to pay their salaries, has continued to undermine the health workers' general belief that their efforts are valued or even respected by the government and the wider community.

Most health workers work hard to provide their communities with health care and education, but are constrained by both lack of funds and lack of training. In the Boukoki clinic in Niamey, for example, staff had to supply their own pens and paper. Attempts to carry out health education are often thwarted by overwhelming numbers and lack of space, or weakened by the inability to consolidate messages with regular reinforcement. One midwife in Niamey discussed her frustrations:

You know the problems we have here! This morning when you came, there was no space! There were two health educators who came this morning. You hear their education, but it is not in a favourable place. You saw there were many women, and that the women did not listen, but the lesson continued. There is a lack of space for health education! The women in the corridor did not listen to the lesson, the messages did not get through. And we say to ourselves, "Even our buildings are too small for counselling on contraception". One room is all we have here for those who are sick and those who want contraception. That is not in our best interest. Even the

health staff are not at ease working with contraception [under these conditions] and we are receiving the full capacity of women here at our centre.*

Despite the education efforts made in the health centres, health workers are keenly aware that they cannot possibly change people's attitudes to health care on their own. The *Major* in Village C was a particularly motivated individual, often travelling out to villages to visit sick people on strike days and scathing in his analysis of the problems he faced. Primarily, it seemed that he felt that in order for his job and his efforts to be valid, he had to be supported by leaders of the wider community, something he felt was not happening:

If it is only up to the health staff to extend and deliver [services], primary health care will take a very long time [to develop]. If the chief, the *sous-préfet*, all the village leaders do nothing, it will never happen. The *sous-préfet* is only interested in collecting his taxes.

Working with the Local Community and Local Beliefs

Many of the rural health workers commented frequently on their inability to change an entire culture's approach to health care without a great deal of extended effort. While carrying on with their tasks in the dispensaries as best they can despite administrative difficulties, the health staff must cope with cultural norms which often work against the aims of the primary health care approach. One health worker quoted a Hausa proverb - which translates as "If a person plays hide and seek with a blind man, he won't believe they've found him until they touch him" - to underline the challenge of attempting to get people to take a proactive approach to their health. Often relatives from outlying villages wait until they feel they can do no more for a sick person, seeking help from the dispensary only when it is too late. This and the tendency to continue to work up to the point of collapse means that often only those who are close to death come to the health centres.

In the past when there was more money available, free milk and biscuits were given out in order to attract mothers to bring their children to the dispensary. This history of bribery, combined with the unrealistic and often "last resort" approach to modern medicine, leaves health staff caught between explaining why they do not "pay" people to come to the health centres now, and trying to establish a reasonable expectation of the ability of modern medicine to cope with illness and

health. One health worker talked about the way people seemed to think he was able to pull people back from death. After watching the death of an old women who had been carried to the dispensary on the back of an ox-cart from a village nine kilometres away, he made the following comment:

You see, I ask them how long has she been sick and they say "since yesterday". I say "You swear to God?", and they say "Yes, swear to God." Always, it's like this! As long as they can continue to work they are healthy. Then they get so sick they cannot work, and they come here. What can I do? I am not a magician!

It is not uncommon for individuals to harangue a nurse or midwife for a modern cure to their condition or illness, and become angry or abusive if their demands are not complied with. To some extent, this confrontational behaviour is cultural: loud discussions or debates are not unusual in daily life. However, if it degrades into insults, the implication is that the exchange has gone beyond acceptability. If they do not want to lose the patient's faith in their abilities (and perhaps status in the community), health workers must strike a balance between reacting to immediate health needs (either with a placebo or a legitimate treatment) and establishing the groundwork for understanding primary health care. The following excerpt from my fieldnotes recounts a harrowing day for the *Major* in Village C as he tried to juggle his roles as civil servant, health worker and member of the community:

Around noon [Halima and I] went over to the dispensary because there seemed to be a bit of activity. The *Major* was already in a bad mood because he's worried about breaking the strike - he and the nurse had seen 20 [women] who had walked from other villages this morning. Some of the women from this village came [to the dispensary compound] at 12:00 and abused him because he refused to see them. He said he won't turn away the women who have walked a long way because he's afraid they won't come back - it's too important. He yelled back at the local women, telling them that if they really wanted to have help, then they have to put health first, before [fetching] water, and [feeding] the cattle, and come to the clinic early.

Off to the side, a very thin woman (well, girl actually) was motioning at Halima to come down the steps [of the dispensary] and look at her baby

under the tree. Halima got very agitated because the baby was very sick. The woman was holding up a bottle saying Halima must give her something to feed her baby because she has no milk in her breasts. The baby was dehydrated, malnourished and unmoving, and it was difficult to tell its age, although he or she looked very young. Her husband began talking with the *Major*, telling him he must do something. The *Major* pinched the skin of the baby [to assess the degree of dehydration], didn't say anything and then walked away. Halima and I didn't understand [because the *Major* was normally such a compassionate person]. The woman began to abuse him, saying he must give her a prescription for formula. He got very angry at her, yelling back. It turned out that the woman had already had two babies die. The *Major* had told her what to do to produce more breast-milk and she had ignored him. He told her not to give the baby a bottle. He told her the bottle would kill the baby and now she wants him to make it all better by giving her a prescription for formula. He kept yelling at her...Eventually he gave her a prescription saying that if she wanted the formula, she could have it, but she would have to pay for it.

Aside from being very difficult to watch, this situation was disturbing because it crystallised many of the constraints the health staff face on a daily basis. The *Major* was torn between providing health care, keeping to the strike, keeping the members of his local community happy, and trying to emphasise the need to make health care a priority in daily life. Additionally, he was having to cope with unreasonable expectations of his ability to heal while confronting one of the most nefarious modern "health" messages to have reached the village level: the idea that formula-milk is good for babies.

Working and Living in the Community

Despite the *Major's* displays of frustration on this day, for the most part health workers recognise that they have to develop and maintain good relations with their community. There are, however, always stories of health staff, particularly in rural areas, who treat their clients with disrespect and disdain, and as a result drive them away. I saw several instances of women being yelled at or treated roughly by health staff. Jaffré and Prual (1994) have commented that much of the conflict between women and midwives derives from the midwives' inability to reconcile cultural taboos with the application of their technical skills. As a result, midwives, uncomfortable with doing physical examinations, avoid them.

Even in the case of delivery, midwives are frequently not present during labour or delivery, leaving student midwives or cleaners to attend the birth instead. These uncomfortable conditions are only exacerbated further when the attending medical staff are male.

Certainly life cannot be easy for health workers in the rural areas who, more often than not, are themselves more accustomed to the urban lifestyle. The idea of being "isolated" in a village far away from the cosmopolitan lifestyle of the city, perhaps in a language group different from their own, must be daunting. The civil servants in the village tended to keep together for the most part, and often if they had transportation in the form of a motorcycle, they would travel to other villages to visit friends. While understandable, this practice makes very clear the extent to which a health worker feels that she or he is not a member of the community, which may impede their ability to develop a rapport or integrate into the community.

The *Major* at the Village F dispensary, who was a Djerma living in Hausaland, commented that although he had no difficulty speaking Hausa, he missed the sounds of his own language and being able to use it. He commented that he did not yet feel a part of the Village F community, but had only recently taken up his post and hoped it would only be a matter of time. The *Major* was lucky in that his wife was a midwife, and they and his second wife and their children were all together. It seemed it was not unusual for husbands and wives to be posted together, which undoubtedly made the transition easier.

The life of the single female health worker is more problematic. Unmarried women in Niger are looked at with suspicion even in the city, but this marital status is often even more difficult in the rural areas. Several of the single women I met spoke of the constant suspicion that they might be prostitutes, and of the difficulty with making friends both because they were educated and because other husbands would not allow their wives to become friendly with them. Often, worn down by the lack of social life, these women consider becoming the second or third wife of a man in order to gain some degree of social legitimacy. Several educated female health workers described to me their ideal scenario in which they would get married to a man, but insist on having their own house, or at the very least, their own room. As long as they continued to work, they would be financially independent and could maintain an acceptable amount of freedom.

For these women domestic tasks are problematic. Where their male counterparts have wives to cope with the time consuming tasks of preparing meals, washing clothes, gathering water, etc., female workers must pay someone else to do it for them. In Village C, the *Major*, unusually, was single and, while he had his younger brother living with him and doing some of the chores, he and the nurse at the dispensary, who was also single, had come to an arrangement. He contributed food, she cooked the meal and her daughter delivered it to his compound every evening.

FAMILY PLANNING SERVICES

While family planning services are only one part of the health staff's duties, they currently hold a particularly high profile in the dispensaries and MCHCs because of their recent introduction and the particular difficulties associated with them. In theory, these services are offered through all of the primary health care centres, including the rural dispensaries, MCHCs, district medical centres, hospitals, and, in Niamey, the National Family Health Centre.

Training for health staff in family planning only began in the early 1990s. Ideally, one member of staff for every health centre will have completed the three-week course. The course was developed by the DFP in conjunction with the USAID funded Family Health and Demography (FHD) project and aims to provide the clinical information and training required to advise on family planning and contraception, and to provide the health workers with basic skills in counselling and communication. In addition to broaching the very sensitive issue of contraception, the courses are, for Niger, innovative in that they attempt to shift the health workers away from a directive approach - which seems to assume that women are ignorant - to one which attempts to communicate with women, soliciting their concerns and observations, and basing advice on this interaction.

In 1993 the DFP and the FHD project were building up to what the acting chief of project from the FHD project referred to as "a critical mass" of qualified trainers and health staff, and were hoping, in the near future, to be able to shift their attentions from establishing the programme to developing structures which supported it. However, by early 1995 the process of training had barely moved forward due to political unrest and strikes. The issue of family planning continues to

have a high profile in urban areas, as much because of the debates between the conservative Islamic groups and the DFP as because of an increase in acceptance. On the other hand, the actual process of achieving higher levels of trained professionals and of raising the level of service and of the quality of family planning provision has more or less stalled.

At the dispensary level, health staff have continued to provide what services they can. Despite the strikes, dedicated staff in health centres in both urban and rural areas have attempted to ensure that women who needed family planning stocks replenished would not be prevented from doing so. In a Niamey MCHC, the midwives organised a rota:

You know, the strike affects our work very badly. It took about two months [before we became organised]. At the beginning [of the strike] we were not coming [to the dispensary], then we organised ourselves to come for family planning. We came every other day so that women could keep on going with the family planning and have the medicine.... We decided among the midwives. Because if women who use family planning stop for two months, they may become pregnant. This [situation] would be bad for the programme. *

Likewise, in both of the dispensaries of Village F and Village C, health staff tried to ensure that no woman became pregnant as an indirect result of the strike. The nurse at one of the dispensaries commented:

If their pills are finished, we always have someone here to take care of that. And also, even if there is no one here, women know my house....They come to my house, and then we come together to get the pills.

The effect of the strikes upon contraceptive use is, as yet, unknown. However, the DFP's report on the first decade of family planning in Niger (Direction de la Santé Familiale, 1994) states that the contraceptive prevalence rates had increased from 2 percent in 1991 to 3.3 percent in 1993. It must be noted, however, that much of this increase is concentrated in Niamey, where, it will be recalled, the contraceptive prevalence is 24.4 percent compared to 1.2 percent in Zinder.

Relevance of Training

Of those who have been trained in family planning, several seemed to feel that the training and follow-up support was insufficient. Despite the fact that she was in Niamey and therefore in close proximity to the best resources and facilities in the country, one midwife felt very isolated in her dispensary and was particularly wary of placing IUDs.

I got trained for the clinic on how to place an IUD and I attended a workshop on counselling for two days. But it was not enough! For example, with the training for placing IUD's, they had us place 15 IUDs and that was the training! There can be problems when you are working - you can try to pull on the thread on the IUD and it might come off and leave the IUD inside. How do you get it out? They show us how to place the IUD, but they don't show us how to proceed if there is a problem. This is a problem. There are techniques [that we need to learn]. We can place 1000 IUDs and not be able to take ONE out! *

Although this midwife said she had tried hard to have all her questions answered during the course, there just was not enough time, and she had to rely on the two books she had been given to answer any further questions.

Jaffré and Prual (1994) argue that the difficulties related with reproductive health care go beyond adequate provision of technical training and supervision, suggesting instead that a good deal of the midwives' inability to achieve a level of professional proficiency derives from their failure to reconcile social taboos with their technical skills⁵. The initial training that midwives and nurses receive is almost exclusively technical or scientifically oriented. In the three-week family planning course provided by the DFP, some time is spent exploring improved communication skills and the use of stories and pictures to get new information across, but little if any time is given to exploring the cultural values or interpretations associated with sex, conception, fertility or pregnancy.

Jaffré and Prual hold that the health workers are caught between their professional role - which obliges them to view patients from a decontextualised, scientific perspective - and their social, cultural understanding of the taboos and

⁵While Jaffré and Prual's study focused on pregnancy and delivery, many of their findings are equally relevant to family planning.

social rules they are breaking. The female patients resent and are uncomfortable with the health staff using culturally unacceptable words and terms relating to genitalia and reproductive organs. Equally, the physical examinations they are forced to undergo are viewed with a great deal of reluctance and shame. Age differences also cause difficulties when younger midwives break social rules by giving directions (and therefore demonstrating disrespect) to women older than themselves. Midwives, unable to reconcile the cultural with the professional, attempt to compromise by remaining sympathetic to the socio-cultural representations associated with fertility and child-bearing, but, at the same time, refuse to entertain traditional practices⁶. According to Jaffré and Prual's study, the result seems to be dissatisfied parties on both sides of the relationship. Interviews with women revealed that the patients felt themselves to be treated with a "lack of respect" and an "aggressiveness" by midwives; interviews with midwives revealed that they viewed their patients as "stupid" and "difficult" because they refused to comply with the instructions given to them.

These findings suggest that technical assistance alone will not improve the family planning provision service. The DFP's focus on the need to space births more effectively is only one part of the larger socio-cultural tension associated with increasing contraceptive use. Further, the findings suggest that women's negative experiences with health staff may explain the high rates of abandonment of modern methods of contraception. In 1992 the figures from the National Centre for Family Health indicated that, of the patients who had adopted a modern method of contraception, 36 percent abandoned them (Direction de la Santé Familiale, 1994). The IUD had the lowest rate of abandonment (23 percent), perhaps because it is difficult to reverse, and 34 percent of women who began to use the pill stopped soon after. Barrier methods (condoms and spermicides) had, by far, the highest rates of abandonment (88 percent), possibly because they require the greatest degree of negotiation between the couple, a process which would cause shame and embarrassment for both parties. The pill, conceivably because it requires the least reference to either the sex act or the reproductive system, appears to be the most popular method of contraception. Of the 2.3 percent of the population using a modern method of contraception in 1992, almost two-thirds were using the pill (Kourgeni *et al.*, 1993:48).

⁶Jaffré and Prual use the example of the women's position during childbirth: traditionally women squat while giving birth, yet midwives insist on having women lie on their backs. Women who refuse to lie on the table are compelled by the health staff to clean the floor immediately after the child is delivered.

Clearly the numbers of men and women using modern methods of family planning continue to be minute. While few women have sought contraceptive advice thus far, they experience the negative aspects of the health staff's professional/socio-cultural dilemma if they attend the health centres for pre- and post-natal care. Without some understanding of how to incorporate an understanding of the implications of the socio-cultural norms into their health care delivery, the health staff are creating friction between themselves and their patients, often alienating those few interested patients they have. The following section explores the issue further, describing the counselling environment in the health centres.

Family Planning Counselling

The conditions for family planning counselling in the dispensaries are far from the ideal, quiet, private one-to-one role-play experience of training sessions. While the woman and nurse or midwife are in the examination room they have very little privacy. The door is rarely closed and various people often walk in and out of the office, asking questions or interrupting. In one urban centre, two nurses worked from one room. The midwife from a Niamey health centre made the following comments regarding the difficulties of providing the type of family planning services she felt were appropriate:

We are overwhelmed. We have small buildings and we receive many women. It is obvious that with the counselling there is a problem. For the counselling, there should be only the woman and the health staff [in the room]. But here, you see, we are obliged to treat patients in the room as well. Women are counselled for less than two minutes even.... And if we don't [work that quickly] the other women will have to wait longer and they won't be satisfied. And these women are in a hurry to go home and do housework! *

Understandably, women prefer to talk to female health staff - a desire which can be problematic in rural areas. In Village C, while the *Major* and the nurse worked together on the family planning IEC sessions, the nurse did 75 percent of the actual counselling. In this situation, it was fortunate that the nurse had received family planning training. However, it may often be the case that it is the male *Major* who is the only trained member of staff, in which case women may not attend

because they are ashamed or afraid of a male counsellor. Alternatively, the centre may decide that a female nurse or midwife lacking in the appropriate training would be the better option for providing the service.

Women seeking contraceptive advice must attend during their menstrual period in order to prove that they are not pregnant⁷. In the course of their meeting with the health worker, they should be advised of the different types of family planning methods available, given some guidance as to the best method for their particular health and social circumstances, and then allowed to make the choice. If a woman is trying family planning for the first time, or is having difficulties with her current method, she will be examined internally. She will be asked to return again in one month if she is using the pill for the first time and thereafter she will be given a six-month supply. If she is using injectable methods of contraception she will be asked to return in either two or three months.

More often than not, women will choose to use the pill. The injectable method of contraception has not been adopted as widely as might be expected, in part because of rumours that the method will leave women infertile. Additionally, problems of dizziness, breakthrough bleeding and heavy bleeding experienced by those women who have tried the method have contributed to widespread apprehension. In the DFP's 1993 report, aside from the National Family Health Centre, health clinics in Niamey and the departments of Maradi, Dosso and Tillabery report that up to 69.4 percent of women seeking family planning have chosen the pill, 15.0 percent have chosen injectable methods and 1.6 percent have chosen the IUD⁸. In rural areas, women must be referred to the Medical Centre to have an IUD inserted because of a lack of instruments, and often of training, at the dispensary level.

Absence of Men in IEC Efforts

While the need to recognise and incorporate individual fertility within a larger social context is beginning to be recognised in the international discourse, at the local level, women continue to be isolated and viewed largely in terms of their reproductive capacity. As has been indicated in this chapter and in earlier chapters, approaches to the development of contraceptive distribution systems have also

⁷ Women are sometimes suspected of wanting to take the pill while they are pregnant in order to provoke an abortion.

⁸ Because they train doctors and midwives to place IUDs and have patients referred to them for this purpose, the National Family Health Centre reports significantly higher rates of IUD placements (20.4%).

viewed women in isolation, assuming that they are able to make decisions about their own fertility, aiming to control it in an ever more efficient manner. While the IEC component of the family planning training course has made efforts to improve health workers' ability to communicate with women, its purpose is to convince women using contraception that it is the right thing to do, rather than seeking to achieve a better dialogue or understanding of women's needs regarding reproductive decision-making within the community. Further, because the focus continues to be on increasing levels of contraceptive use, and women continue to be viewed as the most expedient route to that end, the role played by men has been largely overlooked.

The decision to use dispensaries and MCHCs as the primary place of family planning education has proven to be both the programme's strongest and weakest point. Because men so rarely go to the health centres, the main location of the programme's activities has enabled women to seek help without making their intentions explicit to their husbands or anyone else in the village or community. The District Chief of a conservative area in Niamey, explained why he felt it was important to establish a health centre:

Now people understand. Now on the day of pre-natal consultations, if you go [to the clinic] you can find all the women of [this area] there. Even the women who are secluded, they go there. Then [the health staff] can [help] the women there.

At the same time, however, men have not received anything like the same information about family planning as their wives, and as a result have been very slow to accept that there might be a role for modern methods. Without fail health workers comment that the biggest obstacle to their work (strikes aside) is the problem of men's lack of information. One midwife in Niamey made the following comments:

Some people, I mean the husbands, because of religion, are still reticent. They think family planning is child limitation. They don't understand that it is for the health of the whole family....Marabouts in particular - they don't get the message! They are the main obstacle. They believe that God gives you children and God will help you feed them.*

In 1993, in an attempt to reduce the amount of control a husband has over his wife's reproduction, different lobby groups including the DFP successfully capitalised on the assumption that no woman would use family planning without her husband's permission, and the law was changed to allow women to use family planning without the permission of their husbands. Some women seek the permission of their husbands before going to the health centre, but many are desperate enough to take the risk, and start using the contraceptives without this. Discovery could mean a beating, divorce, or the husband may choose to ignore the situation and tacitly go along with his wife's decision. In some cases, however, the wrath of an angry husband may also be directed at the health staff.

Although the political aspects of the family planning issues seem to be overtly polarised to a far greater extent in the urban areas, health staff in the rural areas are more immediately challenged by any negative reactions towards service provision simply because they are in a smaller community and more easily identified as being personally responsible. Nurses in several of the rural dispensaries had received threats from angry husbands or religious leaders at various times. The nurse in Village C, did not outwardly appear to be particularly threatened:

It used to be a "must" [asking a husband's permission], but now a woman should ask [permission] if she wants to use family planning, but is she doesn't, it is not a "must". Some men complain, but if the women want it, I'll give it to them.... No one complains to me directly. But I hear that some men do, and some have even come to my house to complain.... I don't care, it does nothing to me. I am just doing my job. This is the business of the husband and wife. I have nothing to do with that. But any woman who comes to the dispensary and asks for family planning, I'll help her.

Regardless of an appearance of lack of fear, most health staff take a very sensitive approach to speaking about family planning. In particular, women are very careful not to speak about family planning in front of men and, as a result, almost all contact with men is done by male health workers. The extent to which any awareness-raising with men can be done within the confines of the health centres remains limited because so few men visit them. The bulk of the IEC directed at men has been in the form of radio messages which have themselves been attacked by fundamentalist groups. The groups opposed to family planning

have been very effective at getting their messages across; often making speeches after Friday prayers at the mosque or calling men-only meetings. Although the issues are more likely to provoke violence and protest in the urban areas, the distrust, suspicion and outright condemnation of family planning is also present at the village level.

Levels of Motivation

Earlier chapters discussed the population policy produced by the Nigerien government in 1992, arguing that because it is so weak and nebulously worded, it has failed to establish any real commitment on the part of the government to family planning services. The bulk of this chapter has explored the extent to which those weak or non-existent commitments to family planning have been transferred down the health hierarchy, undermining health staff attempts to make long-term improvements in their ability to respond to their patients' reproductive health needs. However, it must be acknowledged that there is one particularly positive aspect of this non-committal policy: the fact that, unlike in many countries, Nigerien health staff do not have to meet family planning quotas. The few times I asked how health staff would feel if a quota system for family planning was in place, the idea seemed incomprehensible: "The government can't fix a quota because they don't know how many women would come. It could be more or it could be less". As a result, the coercive elements that are often a by-product of quotas are absent in Nigerien clinics.

Accompanying the lack of quotas, there is also often an ambivalence towards actively promoting family planning beyond the minimum requirement. Frequently health staff appear to take the approach that their job is to tell women about the methods, and it is up to the women to decide. As a midwife in Niamey commented:

Women [who are not using family planning] have not been made aware, or they don't come to the health centre. If a woman has a problem, and she does not come and tell the health staff, can we know her problem? *

Moreover, it seems that beyond the general IEC sessions a woman will not be targeted for family planning advice until she asks for it herself or has become a very high-risk mother. While clearly this approach protects women from coercion, opportunities to prevent women from becoming high-risk are missed. The midwives

in a Niamey clinic went on to describe how and when women were targeted for advice:

Generally there are women to whom we recommend the contraception during prenatal consultations. When they are pregnant, we notice that the woman has a high-risk pregnancy or has given birth several times. Then we recommend contraception. Then after the birth, she is counselled while she is at the maternity clinic. There are women who have given birth six or seven times. Some women are able to space births themselves, but if they have family problems, especially economic problems, problems of resources or if a woman had problems delivering her last baby, they are afraid of having these problems again. Then they ask for contraception.

Paradoxically, some health staff are quick to condemn women for allowing themselves to suffer from too many pregnancies, often saying that they are too foolish or ignorant to understand. A midwife in Niamey commented, "It's their mentality. They say that a human being cannot refuse to accept what God has created."*

Interestingly, the examples set by some health workers in their own lives betray a lack of commitment to the principles, and I often had the sense that even those who had been trained in family planning had yet to be convinced of the need for it. The *Major* in Village F is a particularly good example; accounting for the lack of interest in family planning on the part of women and men in the village, he said:

People are not scared of family planning; they just don't recognise the situation. They don't see the cost of children, of food etc. They need more IEC. When they recognise that the land is not enough, that there is not enough, they will use it!... It is their religion. They are always saying "God will provide".

I then asked the *Major* how many children he had. He said he had six and that he thought that six was enough, but that his wives would not use family planning to limit the size of their family: "They are women. They are more worried about [competing with] the other wife." When I reminded him of the comments he had just made about people in the village, he became annoyed with me and refused to answer any further questions.

SUMMARY

This chapter has explored the role of the health worker as a member of the health hierarchy, as health educator and as a member of a local community. It has outlined the position that family planning holds within the larger primary health care mandate, and the extent to which health staff feel they are able to cope with family planning service provision.

In exploring both personal and professional perspectives, the chapter has demonstrated how health staff have, to the best of their abilities, incorporated family planning services into their daily routines. It is clear, however, that their ability to carry out either family planning or comparable primary health care activities continues to be eroded and limited by the lack of financial and professional resources and by wider national unrest. Further, these conditions have prevented the family planning programme not only from carrying out its crucial training function, but also from reacting and responding to the nation's changing family health needs. In the longer term, it would seem that the ability of the health service community to extend and consolidate its national family planning programme will continue to be compromised by larger political and economic conflicts and by smaller-scale conflicts with patients.

Chapter Eight

Fortune, Fertility and the Future: A Hausa Perspective

INTRODUCTION

Previous chapters have discussed efforts to introduce modern methods of family planning to women and men at the local level. One of the most important tenets underpinning these strategies is the assumption that, if made aware of the presence of the modern methods of birth spacing and provided with information about them, many women, particularly those with "unmet needs"¹, will choose to use them.

Not all women are comforted by the idea of freedom from the cycle of childbirth, however, and most Hausa women do not want to reduce the number of children they have. Rather, for a number of complex and inter-related reasons, they want to continue to have many children. Moreover, even if they do have an interest, the "choice" of using a method of birth spacing, modern or local, is not one that a woman is free to make alone. This chapter explores Hausa notions of wealth, fertility and the role that children play, both symbolically and literally, in realising future goals.

MARRIAGE AND REPRODUCTION

Hausa girls are married for the first time at a young age², and around the age of fourteen or fifteen (and sometimes as young as ten or eleven), when they begin to show signs of puberty, their parents will arrange a marriage. The courting process between a couple begins with the man bringing gifts to his prospective wife and her

¹ Women with an "unmet need" include those women who are pregnant or amenorrheic but whose last birth was mistimed, and women who are neither pregnant nor amenorrheic but who are not using any form of family planning and say that they either want to delay having their next birth for at least two years or say that they want no more children (Kourgueni *et al.*, 1992).

² Most women will be married several times in their lifetime; divorce is frequent and easily acquired in Hausa societies. As Pappa reports: "It's not unusual to find old women who have married four or five times in their life"* (1989:9). Of 69 marriages reported in Saunder's marital histories of 30 Mirria women, 49 percent had ended in divorce (1980:75).

parents . The gifts can be in the form of small things like sweets or nuts, but expectations of more valuable gifts are increasing. One young man in Village D outlined how costly the courting process could be:

Dating is expensive because if you see a girl you like, by the time you begin to go to her house [you must bring] 800 CFA³ for her, 300 CFA for her mother, 200 CFA for her father and some 300 CFA for the children. That's 1200 per night!

Young men are expected to be economically productive before being eligible for marriage (Schmoll, 1989:4), and are often in their twenties or thirties before they marry for the first time (Schildkrout, 1983:110). First marriages are usually arranged between kinship groups or close family friends⁴. The bride's new husband may be anywhere from ten to fifty years older than her. If the marriage is the first for a man, he will ask his father for permission to marry the girl. A marabout in Village C explained why:

If the father thinks that [his son's choice] is not a good girl [i.e. if she does not have good manners], he can ask the son to change his mind, because [the girl] will come to live [in the father's compound] and the father will be in trouble.

After the marriage ceremony, which takes place over several days, the girl moves to her new husband's compound, frequently in a different village, and takes her place at the bottom end of the domestic hierarchy. She will be subservient to her new mother-in-law and any other wives who may precede her (Nicolas, 1975; Coles, 1983; Papma, 1989). As Hitzemann explains, the young bride learns very quickly to demonstrate her submission to both husband and mother-in-law: "'Shame' and 'respect' are the two most important words characterising the social relations between Hausa women and their relations" *(1989:11).

If the marriage is polygamous, the husband will spend nights with each of his wives in turn. Ideally, the husband is expected to provide each wife and the children she bears him with clothing, food and shelter, although the extent and manner in which

³ Before the devaluation of the CFA in 1994, one pound equalled 380 CFA. After devaluation, one pound equalled 760 CFA.

⁴ In subsequent marriages, the woman may have more influence over the choice of her new partner, but the marriage must be negotiated through a male relation.

these familial duties are defined varies according to socio-economic capabilities (Keith, 1992) (more on this topic below). In return, the wife will cook and clean for her husband, maintain the compound and work in the family fields. Ideally, a wife is expected to be submissive to her husband, never bringing shame to him by disobeying or contradicting him, particularly in public, and always deferring to him (Tremearne, 1913; Smith, 1954; Nicolas, 1975; Papma, 1989; Geadah, 1992). Saunders elaborates on the notion of the "good" Hausa wife in the district of Mirria in Zinder:

Modesty, obedience to father or husband, and skill in domestic tasks such as cooking are desirable traits in the Mirria woman. Islamic piety serves to reinforce the image of the obedient, submissive wife. It is typical of this ideal that a wife is expected to kneel to serve her husband's meals, which he eats alone or with male friends. (Saunders, 1980:68)

While women do not have much room for resistance within their marriages, they do have some manoeuvrability. The largely subtle means by which a woman may attempt to influence her husband's decisions are discussed at length in relation to girls' education in Chapter Ten. Equally, a woman may choose to capitalise on the embarrassment her husband would suffer if she were to refuse to respect him or cause a scene in public. Although blatant displays of refusal to obey a husband may result in a beating, or even in divorce, a husband may also choose to ignore his wife's behaviour hoping, instead, for a quiet life without confrontation.

Household Resources

A good husband is measured by his ability to provide food, shelter and gifts in the form of kola nuts, sweets, etc. In the classic depiction of a Nigerian Hausa woman's life at the beginning of the century, *Baba of Karo*, Baba states: "If the husband is not rich and cannot give his wife gifts, the wife's family says: 'Leave him! Leave him! It's not a marriage. No gifts, no marriage!'" (Smith, 1954)⁵. In theory, a husband is expected to buy his wife at least one new dress a year. However, as discussions with women in the villages indicated, men are rarely able to fulfill this

⁵ Miles (1994) has argued that because the French were more concerned with firmly establishing French rule on Niger, they were less interested in ethnographic documentation than the British. As a result, francophone sources of Nigerien ethnography do not appear until the 1960s, beginning with Nicolas' 1960 article entitled "*Un Village Haoussa de la République du Niger: Tassao Haoussa*".

expectation. According to a group of older women in a village close to Village C, economic crises can often be negotiated between husband and wife:

Normally, men are supposed to buy our clothes. But now they are more concerned with buying food than clothes.... That's why we're asking [God] for improvements in our husbands' [economic position].

Women are sometimes able to build up small savings by making foodstuffs for sale, or by investing in small animals and then selling them. Any money a woman is able to make in trade is her own to keep, but if a husband is short of money he can borrow from his wife. While he is expected to pay it back (Saunders, 1980:67), as the older women in Village C explained, there is some flexibility in the system:

If a husband borrows from a wife and he can't pay it all back, it's not a big problem. We borrow from each other and we help each other because his happiness is our happiness.

Although women of reproductive age are not permitted to go to the market, girls who have not yet reached puberty will be sent out to hawk goods for their mothers. Mostly, they sell cooked meals like *tuwo*⁶ and sauce or rice and beans, or snack foods such as fried bean cakes, millet pancakes, roasted nuts, etc. The savings are often put towards gifts for weddings and baptisms, or towards pots and other household goods for their daughters when they get married.

Children as a Means of Gaining Full Adult Status

Marriage

The importance placed on both fertility and reproduction is underlined by the criteria required for adult status. The first step towards this status is marriage: a woman who is physically mature and has not yet been married is considered an anomaly in Hausa society (Saunders, 1980:69). Callaway comments further on the necessity of marriage for Hausa women:

⁶ Made from millet pounded and then boiled.

Marriage is viewed as a necessary social state, not as a source of nurturing or of emotional security, and is an absolute prerequisite in order for a woman to be "respectable". (Callaway, 1984:439)⁷

Marriages are considered expensive affairs, and most often they are planned for the period after the harvest, when food and money are most plentiful. If the couple marrying are quite young, they will probably live in the husband's parents' compound. Some of the older men in Village D seemed to think that it is more common now for young couples to begin sexual relations immediately after their marriage, whereas in the past shame would have prevented them. In the following quotation, the reference to the "rainy season" indicates the first time a husband and wife could sleep together in a hut, in private, without comment:

Before, if a girl was married, she and her husband wouldn't sleep in the same room until the first rainy season. They would sleep with his parents [outside, in the compound] until the rain came and then they went together. Now, if a girl is married, the first night, her husband will go to her. Up to one month later, she will be pregnant. People are not as patient as they used to be.

An individual's passage into full adulthood is marked not just by marriage but, for women, by the birth of the first child, and for men, by fathering at least one or two children (Saunders, 1980; Callaway, 1984; Schmoll, 1989). A young woman in Niamey made the following comment: "You see, birth is an honour. Everywhere you go, you get something [i.e. status]".

Male and female domains remain very separate in Hausa culture, with each sex working and socialising with friends or peers of the same sex. For the most part, a woman's sense of her own self-worth and self-esteem is determined from within the domestic sphere (Pittin, 1983; Hitzemann, 1989; Papma; 1989). Yet her position within this sphere remains low until she has gained the respectability of getting married, and, more importantly, has given birth to at least one child: "If you don't have children, people can insult you for not having children, then you become angry and try to have many children..."

⁷ Callaway is speaking about Nigerian Hausa in this quotation, but her comments are equally valid for the Nigerian Hausa woman.

If a couple are having problems conceiving, both husband and wife will suffer from teasing and a certain amount of scorn, but it will inevitably be the woman who is blamed. Faulkingham and Thorbahn makes the distinction between the treatment the childless mother and father will receive from the community. The childless woman is "accorded few privileges" and retains the status of a "girl" until, eventually, she is considered a *karuwa*, the term used to denote a divorcee, prostitute or individual of low esteem. The man remains a *gwabro*, a man without children, and is "afforded little prestige" (Faulkingham and Thorbahn, 1975). Often, if there is no sign of pregnancy after a year, the man will seek a second wife, or a divorce may be sought (Papma, 1989:9). Bearing children will not only bring a woman respect from other women, it will please her husband whose status will also be increased with each additional child. One man in a rural village commented:

As it is a success, we see it in our heart, we are happy. Now if I get ten children in the future, anytime I go to my home I am happy. If all of them are my children, as soon as I call one, all of them will run to me.

Fulfilling Expectations

Throughout Hausa society, the desire for large families is the norm. For men and women alike, having a big family is a sign of good fortune. One young mother pointed out: "You know that many children are a sign of success, aren't they". The 1992 Demographic and Health Survey survey attempted to gauge the ideal family size by asking men and women how many children they would like to have. The average female response was 7.1 (very close to the total fertility rate which is 7.4) and for men the average was 12.6 (Kourgueni, *et al.*, 1992). These particular numbers must be treated with a certain amount of scepticism, however, because this question is not something Hausa men or women would normally ask themselves. At the beginning of the study, I asked this question of a number of traditional midwives, men and women, and was told it was not an appropriate question to ask. Very few people were willing to provide me with an answer and many stated that they believed that only God can know how many children you can or will have. It is therefore unlikely that the responses presented by Kourgueni *et al.* reflect a considered desire for a specified number of children. Nonetheless, it is interesting to note that men responded with a number

almost twice as high as the women; although some of this discrepancy can be attributed to polygamy, men seem to have aspirations for substantially larger families than women.

Generally, women see their opportunities to excel within the roles assigned to them in the domestic sphere (Saunders, 1980:74). As Nicolas explains, the woman who brings many children to a marriage is valued:

The woman is, above all, the *genitrice*⁸, and her social status depends on her fertility. A fertile wife who has given birth to many children, and especially boys, founders of the family line, is a blessing.* (Nicolas, 1975:92)

For females, fertility is one of the few means of achieving respect and honour within the community, and Hausa women ideally aim to produce healthy children from the time they are first married until they reach menopause. If they fail to become pregnant soon after marriage, women will often seek help in the form of a marabout or traditional healer (Geadah, 1992:13). Keith (1992) gives examples of the type of insults and comments made to women who have not become pregnant at the expected time: "Nothing yet? What are you waiting for?" and "All you do is eat *tuwo* and everything you eat only goes down the toilet". The second accusation is that family resources are being wasted on a woman who is not fulfilling her role in producing a child.

Twenty-three percent of Nigerien females have given birth to their first child by the time they are sixteen and 71 percent by the time they reach their nineteenth birthday (Kourgueni *et al.*, 1992:38). Women who have children, breastfeed the child for the first two years to give him or her a "good beginning". After this time they are expected to become pregnant again. Thirty-one percent of 19-year-old girls have given birth to at least two children (*ibid.*:40).

⁸ The term *genitrice* is taken to mean "the one who reproduces the family".

FERTILITY, CHILDREN AND HIERARCHY

The Importance of Children in the Hausa World Order

Children and reproduction are central to the Hausa world view, crucial in which is the concept of *arziki*. This complicated and nuanced concept is often defined as prosperity and good fortune (Smith, 1954; Hill, 1977; Nicolas, 1975; Keith, 1991), but perhaps the best understanding of it can be found through Schmoll's explanation:

glossed over as "prosperity", *arziki*, a primary goal of virtually every Hausa, includes all types of moral, physical, material and spiritual wealth (e.g. children, money, land, success in one's job, abundance of friends, good harvests, etc.) (Schmoll, 1989:4)

Although *arziki* is considered a gift which one can possess and then lose, it cannot be acquired through inheritance, hard work, religious piety, or relationships; it comes and goes of its own accord.

Children are an important element of *arziki*, for they are "both a concrete manifestation and a symbol of *arziki*" (Schmoll, 1989:19). Schmoll, drawing from Darrah (1980), explains how children are seen as central to sustaining family and community both literally and figuratively:

The symbol of the child thus ties together reproduction, food and survival. Just as an individual needs food for daily survival, he [*sic*] needs children to ensure survival in his [*sic*] old age. At a macro-level children are the "food" of society since they are what keeps society alive. (Schmoll, 1989:19)

Men and women desire large families not only for pride and respect, or for their contribution to the labour pool, but also because they see big families as the hope for the future.

Rivalry Between Wives

Polygamy is widespread in Niger, with over 35 percent of men reporting that they are in polygamous marriages (Kourgueni *et al.*, 1992: 160). Islamic law permits

men to have up to four wives, but counsels that they should be sure to treat each wife equally:

You may marry other women who seem to be good to you: two, three or four of them. But if you fear that you cannot maintain equality among them, marry only one or any slave-girls you may own. This will make it easier to avoid injustice. (Dawood, 1956:60)

In practice, however, men do not treat all their wives equally. For many, the ability of a man to take on a second or even a third wife is often viewed as an outward display of his wealth, yet in many cases the man struggles to support his wives and the children they produce. The older women in Village C rather wryly observed that, in their experience, men were too anxious to take on a new wife.

What we consider the biggest problem [in our lives] is men's poverty. If the man has means, the woman does too. Although if he gets a lot [of wealth] he will think about having a co-wife.

Although co-wives can become friends, there is often tension and competition between them; in fact, the Hausa word for co-wife, *kishiya*, is based on the word *kishi*, meaning jealousy.

Much of a man's pride is bound in the number of children he is able to produce, which is a reflection of his *arziki*. One man from Boukoki in Niamey observed:

Everybody wishes to have many children, but if God does not give them, the person must be patient. All this comes from God, having many children. Everyone wishes to have many children.

Wives may vie for position, hoping to get more respect and attention from their husband by having more children than the other wives. As one young woman from a rural village explains:

When there is more than one wife and she has more children than you, you see her with her children and you think, "I must have many children also, to get the respect of my husband."

By reducing or limiting the number of children they have, women fear that they would also be reducing their only means of gaining more status within the household.

In addition to the rivalry for respect, women see having many children as a method of securing their own economic future. In Hausa tradition, when gifts are being passed out, equal amounts must be given to each child. The woman assumes that the more children she has, the more she will benefit from the gifts given to her children. A woman in Boukoki explains the reasoning:

If something is given to all the children in the compound, a mother of many children will benefit the most from the gift. If you have only one child you will only get a small part. The more children, the bigger the part of the gift you get.

Perhaps more importantly, when a husband dies his wives will not inherit directly from him, but will benefit through their sons and daughters. Children, particularly sons, are expected to support their mothers in their old age. In order to ensure that she will benefit through her children, a woman must have enough children to secure a large proportion of her husband's estate. One older woman in Boukoki stated: "If the husband dies, you have to have many children so that you get a good part of his inheritance".

Systems of Inheritance

Although land is formally owned by the state, its management is overseen by the chief of the village. Each family has several fields, passed down through the generations, for which they are responsible. In the traditional system of the family farm (the *gandu*) the male head of the household (the *maigida*), all his wives, his brothers, their wives and children, and his sons, their wives and children lived in the same family compound and collectively worked the family farm. Each person, in what could add up to a household of 100, had specific tasks and responsibilities with the *maigida* supervising overall management (Hitzemann, 1989:7; Geadah, 1992:16). When the

maigida died or was ready to hand over the responsibility of running the *gandu* to the next generation, the land was divided up between the male household heads, each forming what would become a new *gandu* with their own sons and brothers⁹.

Although Niger has a considerable land mass, only the thin strip of land approximately 240 km wide across the southern border is arable. As the population has continued to grow, the demands on this strip of land have increased. With each passing generation, the family farms have been divided into increasingly smaller portions of land. Equally important, cash has become increasingly important to the local economy; demands for cash rather than exchanging goods in kind began with the French tax systems in pre-Independence times. Now, with increased monetarisation in the markets and diminishing access to land, the *gandu* system appears to be giving way to smaller social and economic units which are based more on "nuclear" families (a man, his wives and his children), although the extended family continues to provide a good deal of support (Raynaut, 1977: 161; Schmoll, 1989:5). Over time, the family farms have become smaller and land is being treated as a personal possession that can be bought, sold and traded (Papma, 1989:8). The older men in Village D explained the situation in the following manner:

First Man: We lack farms because [now] we sell our land. We use this money to solve our [food and medicine] problems.

Second Man: Before [the land] was bush, and you could go and say "from here to there is my farm." But now people are multiplying, and there is a problem with selling [land] and there is a problem of population.

First Man: The land is becoming less and less.

After further investigation with the men, we found that, rather than actually selling the land, it is pawned to a wealthy person from outside the village. The farmer is given a loan of money; if he is unable to re-pay it, the wealthy person keeps the land.

When a man dies, his sons inherit his livestock as well as his land, while mothers pass on jewellery and household goods to their daughters. The Islamic laws of inheritance dictate that a female is entitled to inherit half as much of her father's

⁹ For further discussion of the *gandu* system see M. F. Smith (1954) and Polly Hill (1972).

estate as any of her brothers. These laws are, in theory, an improvement on the customary inheritance laws which ignore women entirely, giving them no property rights (Geadah, 1992:16). In practice, however, even if the female's right to inherit land is recognised and she is given a portion of her father's estate, it is usually controlled by the male members of her family (Hitzemann, 1989; Pappa, 1989).

Children as Security

Children are expected to support their elderly parents; they are the security system. A 1975 study of the effects of drought on population in a Nigerien village, explains the rationale:

As land is perceived as unlimited in its availability, a man and a woman insure their own security in old age by having as many children as possible, for the cost of feeding children [in the short term] is more than offset by the [labour available for production]...both in farming and in the cash sector in the years ahead. (Faulkingham and Thorbahn, 1975: 467)

In the past, when the *maigida* stepped down as head of the family *gandu*, his children were expected to take over the farm and take care of him. A man in Yantala explained the need to have children as a source of labour and security for the future:

If you don't have many children, when you get old, you can't farm. Our work is not like the work in offices, [it] uses physical strength, and your strength may leave at any time. If you don't have children, who will feed you [when you are old]? You are obliged to have many children, may God help you. When they grow up they will work and you advise them saying "don't do this it's not good, do that it's good, don't dispute with the neighbour, don't go into the neighbour's farm for this will bring trouble."

Women look forward to the day when they can send their daughters or daughters-in-law out to the fields to work or to collect water. Those who are not fortunate enough to have any surviving children have to struggle on, hoping that a niece or nephew will take pity and provide some relief and assistance. Often, if a woman is childless or her children have all home, a sister or sister-in-law will give her one of her children to

foster¹⁰. Ties with these children will continue into adulthood and the women anticipate that the children will help to support them when they are older.

Expectations of Children

Although children begin participating in the labour force from an early age, many women find that they are demanding and difficult in the short term:

The child asks us to wait [for him], so we take him, but we can't wait [for him while we work]. We pound, we cook, and the child cries.

While they cannot really contribute to relieving the burden of pounding millet until they are about ten years old, from an early age girls can help to gather firewood, carry water, plant, and take care of younger siblings. Boys help to feed and water livestock and also with the planting. A man in Yantala explained the importance of children for men and women:

A man wants to have many sons who can go to the farm. And the woman, his wife, she wants to have daughters too who can help her to pound the *fura* (millet porridge drink) and bring it for the farmers. That is the reason why...the woman wants many daughters who will help her to have a rest. Because even if she gives birth to ten children, if she does not have a daughter she will pound the *fura* until her sons grow up and get married, then she can rest... That is why we do not see the number of children as large.

A young woman in Village B commented further:

Right now when it rains, everyone goes to the field. When you are out in the field, you see the woman with many children helping her in the field. If you have few children you think: "I must have many children like her, to help me in the field".

¹⁰ For an interesting case study of fostering within the Hausa see Smith's *Baba of Karo*. Baba, who is childless, raises several children as her own, and considers them her sons and daughters.

Men and women often spoke of hoping that at least one child would do well in the future. A man in Boukoki made the following comment: "Maybe among the multitude of children there will be one who will succeed". Beyond surviving the diseases of childhood, the notion of "success" is based on a combination of factors including health, a respectful demeanour and, most importantly, the ability to help the family now and support one's parents in their old age. A young woman in Village A stated:

For our children we wish success... May God give them long life and the child will take care of his parents if he becomes an adult.

Although few children complete school to secondary level, many parents live in hope that their child will complete school and secure a job in the civil service which will guarantee the family financial security for life. In reality, securing a job with the civil service does not assure security in the way that it has in the past (see discussion of strikes and unpaid wages in Chapter One. Furthermore, in reality very few girls are given the opportunity even to begin schooling and, hence, most of these expectations of success are placed on boys (see Chapter Ten).

Despite a good upbringing, a child may turn out to be a "delinquent" and turn his or her back on familial duties. One woman in Niamey explained the rarity of a successful child:

If you have many children, among them, you don't know who God will make succeed and help his mother, because one can give birth to ten even twelve children, most of them will become delinquent. Perhaps only one will succeed and help her.

While the good fortune of having a "successful" child is a manifestation of *arziki*, and therefore not something that can be controlled or manipulated by humans, men and women hope that by having more children they will increase their chances of having at least one child who will fulfil their expectations.

High Child Mortality Rates

Childhood death is all too common in Niger. The 1992 Demographic and Health Survey indicates just how frequently parents suffer the loss of a child before its fifth birthday, reporting an infant and child mortality rate of 326 per 1000 - the highest in the world (Kourgueni *et al.*, 1992:138). Mothers are very aware that the chances of their children surviving to adulthood are low:

It is a good thing [to have many children]. Some stay alive, some die. If you give birth to ten children, maybe you get two children, or three, or even one. Sometimes you may give birth to twelve and get no one.

While they can, and do, buy charms and medicines from the traditional healer or the marabout in order to protect the child, many women asserted that, ultimately only God can decide which of one's children will be allowed "to stay on this earth" and which will be "taken away" early. An older woman in Village A commented: "We wish that God gives [our children] long life and health... May God take this suffering from us."

Schmoll, speaking about the Hausa phenomenon of soul-eating, comments on the widespread impact of the death of a child upon the community:

The "eating" of children by *mayu* [witches who capture the souls of humans and eat them, leaving the body to shrivel up and die] becomes a poignant statement about the pervasiveness of the danger: to the child, who loses its life; to the parent who loses not only a loved one, but a source of survival for the future; to the parents whose reputation as fertile and prosperous [possessors and sources of *arzi*] depends on having living children; and to society who loses its future. (Schmoll, 1989:20)¹¹

By conceiving many children, men and women are hoping to increase the odds of having at least one or two healthy children. One woman in Village A reasoned: "If we give birth and the babies keep dying, we have to have more". Women often spoke of the fear that they would have too few children and all would die, leaving them alone in their old age. While acknowledging that they were encountering difficulties in the

¹¹ For more on the topic of soul-eating, see Schmoll 1989.

present, the need to give birth to many children was clearly part of a longer-term coping strategy. An older woman in Village A stated:

The woman suffers one day or another. If she wants many children, she suffers when she delivers them - some die, some stay. But if you don't have many children you will suffer when you are older. You will have no one to help you in the fields.

When women spoke of the sickness that affected babies, responsibility was often attributed to the mother. A tired, ill mother was assumed to produce a tired, ill baby. Often these discussions would also touch upon the problem of insufficient food for parents and babies. On occasion, we made the suggestion that, if there were fewer people, there would be more food and less sickness - but almost always this idea was rejected. The following quotation is interesting because it highlights how this argument is often presented, and also because it demonstrates how gender influences access to resources within the household. Although a pregnant woman needs extra food, and it is acknowledged that a sick woman is not likely to produce a healthy baby, the argument portrays women as doubly disadvantaged by their gender:

First Woman: Only half of our children are healthy. Out of every three compounds here only one will have healthy children!

Second Woman: They are sick because they lack food and suffer. Because, if a breastfeeding mother is sick, the breastfeeding child sucks the sickness from his mother. And if the mother is skinny, so the child will also be skinny. All this will be brought about by the lack of food. A pregnant woman works a lot. She must walk to get wood, work in the house, [she pauses] so the baby that is born won't be healthy. If the pregnant woman goes to the bush to find wood, those who are at home will eat all the food and she won't find any. So since the mother is not well fed, it is normal that the child is not healthy. But if you're pregnant and eat good food, you and your baby will be healthy.

First Woman: Lack of sufficient resources is the problem, Not *riritisa* or *konika*¹². *Riritisa* does nothing.... The lack of *koshi* [being full of food] is what makes babies sick. If the mother has *koshi*, the children are healthy.

¹²Both words mean "spacing babies".

PLACING FERTILITY IN THE CONTEXT OF COPING STRATEGIES

In earlier chapters, I argued that the assumption in the development discourse that women will adopt modern methods as soon as they are made available suggests a lack of understanding of local customs and of local social and economic contexts. The Nigerien IEC programme, which embodies much of this thinking, has also underestimated, or overlooked, the strength of belief which men and women show regarding their customs and approaches to reproduction. Large families, while also being the source of pride, are the result of complex coping and survival strategies both in the short and long term (Faulkingham and Thorbahn, 1975). Further, the belief that women are able to make decisions without consulting or being influenced by those in their immediate surroundings indicates a poor understanding of the role of fertility and reproduction in the community. This section looks at the structures aimed at regulating fertility already in place within the Hausa society.

Defining Spacing and Limitation

It seems that Hausa men and women are experiencing difficulties in relating the modern methods of birth spacing, as presented by the various IEC awareness-raising activities, to their own understanding of the world. Although most women and men admit that they want to avoid poorly spaced pregnancies and would welcome a reliable method, at the same time they do not want to reduce the overall numbers of children they have.

The difference between the interpretation of "spacing" and "limitation" is integral to understanding how women and men justify or explain their own use of local or modern methods of family planning. "Spaced births", or the ability to nurse your child for approximately two years in order to give him or her a "good weaning" and a good start in life, is a positive act, an ideal that Hausa women aim to achieve. "Birth limitation" through contraception, on the other hand, is regarded from a religious point of view as sinful because it implies that the individual, in attempting to prevent births, is interfering with God's will; it is also believed to cause infertility. Many people expressed the belief that every woman has a certain number of babies inside her uterus waiting to

be born, and that the number for each woman is something determined by God. The *matrones* in Village C explained what seemed to be a common understanding:

Every [woman] has a certain number of children she has to give birth to; she just has that number. That's why you get a woman who has all her children close together until she is finished, even if she's young. Others have their children over a certain length of time. Even if you are going to have ten, you may have them three years apart. It's according to God's will.

Older women who had given birth to a number of children were more likely to confess interest in modern methods of contraception, despite the fear of infertility. Some hinted that they would be willing to suspend this fear and their fear of sinning in order to get some rest from frequently being pregnant. Nevertheless, the additional fear of village gossip and vilification seemed to prevent many from pursuing the option. An older woman in Village C explains:

Most of the women here [in this group], if you ask them, are tired of having children. But because of village life, they can't go to the dispensary and ask for help. It's shameful to be seen going for this medicine. It's village gossip that stops them.

Some of the older men conceded that, if a woman was suffering from poor birth spacing, she needed something to "put the pregnancies to sleep"¹³ and give her a rest. They, however, shared the fear that the pregnancies would be stopped, or "limited", rather than suspended. One young mother in Boukoki commented on her experiences with the marabout:

The marabouts don't agree with this [modern] medicine. What God puts in your belly must come out. To help a woman prevent births is forbidden. The marabouts will help a woman have a rest for one, two years; this is not a problem. But if you stop giving birth forever you are creating a great sin, for each child God makes, you must give birth to. If you use medicine to avoid this you will be judged by God.

¹³Sleeping pregnancies were also used to explain how some women had become pregnant despite the fact that their husbands had been away for periods longer than nine months.

Frequently, the fear of limitation was expressed as a mistrust of modern ways. In one interview with a man in Village C, the idea that family planning was Jewish (which he seemed to mean was the same as western) and therefore not to be trusted¹⁴. This particular man's wife, who had given birth to nine children, was currently using contraceptives.

Even my wife uses [contraceptives]. She is the same as you [he points to me]. She's Jewish too! She takes the pill! Right now, there are some in her room. She [points to his wife] and she [points to me again] are equal! Now she has stopped having babies for good!

Question: Why do you say she's Jewish?

Because it was said that women [who are experiencing difficulties spacing their children] should take pills to space or have a rest, but [it also said that] you can still have babies. But it never said that you would stop having babies for good! Having babies is not a bad thing, it's a good thing. That's why it's Jewish....The Koran forbids it. And more than that, my wife is not a menopausal woman, but she has decided to stop [having children]. But she can still [physically] have babies!

Local Ideals of Birth Spacing

In addition to emphasising the need for many children, Hausa women and men also have a long-standing practice of spacing births. Using the lunar calendar to calculate dates, women often state that two years is the ideal space to have between children. *Baba of Karo* speaks of women having difficulties spacing births in the early 1900s and describes a method of avoiding the problem:

If she must go to her husband, she should take a kola-nut and sew it up in leather into a charm and wear it around her waist; when she weans her child, that is that, she throws away the charm and does as she wishes, then there is another child. (Smith, 1954:148).

¹⁴ This is clearly not an uncommon belief in Village C; we heard references to it several times.

Just as women will be taunted and insulted for not fulfilling their reproductive duties, social pressures will be brought to bear on women who fail to provide their children with the appropriate breast-feeding period. Women try to nurse their babies for at least one and a half to two years, believing that the children will be healthier because of it.

It is generally held that, in the past, sexual abstinence was practised for two years to ensure a healthy space between babies. Tremearne reported in 1913 that: "The child is nursed for two years, during which time the mother lives apart from her husband, but on its being weaned she sleeps with him again" (1913:93). Many older, menopausal women claimed that they had not experienced any difficulties with pregnancies too close together during their reproductive years. Although the lack of any records makes it impossible to substantiate claims either way, and these statements are possibly a reflection of memories tempered with time rather than an accurate reflection of reality, the *matrones* in Village C seemed to think that children are born much more closely together now than when they were having children:

Riritsa [pregnancies too close together] happens very often now. In our time, there were so few that you could count them. It's *zamani* ¹⁵. We don't know why it happens a lot more; all we can say is that it is the time.

Many of the men interviewed also commented that there had been an erosion of this practice. In the following comment, the older men in Village C discuss what they viewed as the impatience of the young:

First Man: Yes, we have more *riritsa* now than before. Because before, if a woman gave birth, the man didn't go near her until she weaned [the child].

Second Man: In my time I could be patient. For two years I would wait before going to my wife! Him [points to his friend], he had two years before he went to his wife!

His Friend: Yes, it's true.

This practice of two years of abstinence, if it ever existed to the degree to which people claim, appears to be disappearing. Further, the other methods used to avoid

¹⁵While *zamani* is translated as "history" in Arabic, it is used to mean "the passage of time".

pregnancy in the past, the *laya* [a leather belt] and the *kiri* [a leather amulet], have not proved to be particularly effective. Kourgueni *et al.* report that more than a quarter of births (27 percent) in the previous five years were born within two years of the previous birth; the largest proportion of children (42 percent) were born between 24 and 35 months of the previous birth (1993:36). Women fear these closely spaced births not only because of the risk to both their own and the child's health, but also because of the *kumya* (shame) associated with *riritsa*.

Parallels in Reproduction and Alimentation

Establishing an understanding of the parallels drawn by the Hausa between the alimentary system and the human reproductive system may help to put Hausa approaches to birth spacing into perspective. Darrah's study of the Hausa belief system around health, illness and therapeutics hypothesises that the systems are interrelated (Darrah, 1980). The connections centre around the word *ci*, which has the triple meaning of "to eat", "to kill" and "to have sexual intercourse". The vagina and the mouth are each seen as the opening of canals or systems of consumption. Both the uvula and the hymen are seen as possible obstructions to the systems and may be surgically removed by a barber when the child is very small¹⁶ (Pruel *et al.*, 1994). Cooking and gestation are viewed in parallel terms: the mortar and pestle are similar to the vagina and penis; the penis and testicles are reflected in the traditional three-stoned cooking hearth; and as the pot cooks the *tuwo* (the staple starchy food which looks like a round lump of bread dough) with the fire, the womb nurtures the foetus with life.

These systems of consumption must be closely regulated. Self-control and suppression of outward emotions and needs are central to the Hausa notion of appropriate behaviour. Schmoll suggests that the ability of the head (*kaɪ*) to dominate the stomach (*ciki*) and the heart (*zuciya*) is more than the mastering of one's emotions for social acceptability, but rather the foundation of the moral system (Schmoll, 1989:7).

¹⁶ Keith (1991) and Darrah (1980) refer to the "hymen" in describing this practice, but Baba in Smith (1954) refers to the "clitoris". While not completely unheard of, clitorectomies are thought to be rare within Hausa societies and it is more than likely that Baba means to refer to the hymen.

This need for control is felt very strongly in relation to basic functions such as hunger and sex, and consumption both in terms of eating and having intercourse must not be allowed to be overtaken by desire. The word for desire, *kwa'dayi*, is defined by an English-Hausa dictionary as "keen desire" (Bargery, 1957), but as "gourmandise" by French-speaking Hausa. Schmoll elaborates: "While the literal translation of "gourmandise" is "gluttony" or "love of food", it is clearly used metaphorically here to describe a "hunger" for good things in general" (Schmoll, 1989:11). She suggests that out-of-control consumption in an adult is not only rude and shameful, but represents "a disruption or even overturning of the social norms" (1989:7). Children are excused from showing their hunger or emotions because they have not yet learned to control their desires. The Hausa phrase used to describe an impolite or improper child, "*Ba shi da kai*", translates literally as "he has no head".

Shame and Birth Spacing

Controlling desires and needs is one of the ways in which shame (*kumya*) dominates a woman's life. This is particularly true of newly married women. (Recall Hitzemann's comment that the two most important words in a new wife's life are "shame" and "respect" (1989:11).) Even though children are celebrated, there is a degree of shame associated with pregnancy, and in particular with poorly spaced pregnancies, because it indicates a lack of control and an indulgence of desires.

The concept of *kumya* is complex and nuanced. Harrison (1985) describes *kumya* as a custom "which prevents a girl from telling anyone about her pregnancy or asking any questions about childbirth". More than withholding the information, if asked directly, women will frequently deny that they are pregnant. Reluctance to admit that they are pregnant continues even with experienced mothers. (For example, I met a trained nurse and mother of three children at one of the Mother and Child Health centres who denied her quite obviously pregnant status.) This avoidance of reference to the pregnancy continues after the birth, particularly with the first-born child, and young mothers are often reluctant to pick up their child or show it affection (Harrison, 1985). In the case of the first-born child, name avoidance is practised to avoid bringing bad luck on the child, and the mother and father will not call their first-born by name¹⁷.

¹⁷ This causes problems, particularly in the health centre. When a mother is asked the name of her child, she will say she has forgotten it, or will just shake her head until someone else supplies the name for her.

The terms *riritisa* and *konica* are used to describe the woman who has become pregnant before the last child is weaned. Women know from experience that during the period between birth and weaning the child is particularly susceptible to illness and disease. For the woman who is still nursing a child and becomes pregnant, the shame associated with her pregnancy is all the more overwhelming.

Question: What do people think about the woman who has *riritisa*?

Young Woman: They will say she has too much sex.

By allowing her desires, in the form of a sexual hunger, to overcome her reason, the woman is perceived as breaking a basic social and behavioural norm. The implications of this behaviour are felt on several levels: not only is she risking the life of one child and perhaps two, she is viewed as disregarding her community's moral foundations and posing a threat to its future.

The Need for Birth Spacing

The triple meaning of the word *ci* and the parallel systems associated with it are particularly meaningful for a woman from the time she has conceived until she weans the child. Intercourse is viewed as a threat to the nursing child: besides perhaps leading to another pregnancy and forcing an early weaning, the seminal fluid is thought to collect in the woman's breasts, perhaps contaminating the milk (Keith, 1991:40).

Although men and women want large families, they recognise that having the pregnancies too close together will risk the health of the mother and both the children:

There is suffering with her. If a woman has a baby whose age is less than seventeen months and she gets pregnant, only God can help her to save this child and no one knows how the one in the belly will come...maybe both will die.

Keith elaborates:

Hausas believe that the breast milk belongs to only one child at a time. If a child is nursed after the mother has become pregnant, the nursing child is

taking the milk which belongs to the fetus, called by some the colostrum of the fetus. Women say that drinking the milk of a pregnant woman gives the child diarrhea, and that this kind of diarrhea will continue until the child dies, no matter what kind of medicine you give the child. (1991:56)

For this reason, if a mother is pregnant while still breastfeeding, she will attempt to hide the pregnancy as long as possible to be able to give the child that has already been born the best possible chance. The younger women in Village D talked about how a woman who is having trouble spacing her babies will be the topic of discussion. Although this is no longer considered as shameful as in the past, it is still the subject of a good deal of gossip:

First Woman: Even though it's not a shameful thing, people still talk about it. Some women will even hide their pregnancy if they have a baby on their back. If she wants to feed the baby, she has to go away from the women to feed her baby, and then come back.

Second Woman: So yes, it's still a shameful thing, but not as shameful as it used to be.

Third Woman: Because you still have to hide if you want to feed your baby. It's God who sends the [other] baby, but often those [second] babies die.

Responsibility for Riritsa

Men and women alike want to have many children, and some felt that all pregnancies, including those coming too close together, are brought by God;

It is a good thing [to have many children] according to God, as God is the one who sends these births. Any child he [sends], he will feed. God will send food for everyone.

Often, however, the woman with *riritsa* will be accused of being *wauta* (silly) for risking the health of her child. She will be the subject of gossip: "they think 'this woman has too much sex'. People gossip about you". She will be insulted for having a dirty compound where people do not want to eat or drink, as an older woman from Boukoki described:

[If a woman is pregnant before she has weaned her child] people consider her dirty [because she is too busy to keep herself or her children clean]. Because she has children, one on her leg [ie. a new-born baby], and the other learns to sit by himself or move on his knees, and again she does not have someone to take care of one of them or both. We would not want to eat her food.

Women with nursing children are in a perilous position: often, if a husband asks his wife to have intercourse with him, she has little choice but to comply. Yet if she does become pregnant, she will bear the brunt of the insults and shame. A young woman in Lazaret explained the dilemma a woman faces:

People think [pregnancies close together] are from God, but some think they are not from God, they are her own doing. They say that she is silly, that's why she has her pregnancies too close together. (pause) But, she cannot refuse her husband to avoid pregnancy!

Women frequently spoke of their lack of control over the situation. One woman spoke about the fact that a wife is compelled to follow her husband's orders, even if it means hardship:

As he is the one who married you, you are obliged to tell him [about the modern methods of avoiding poorly spaced pregnancies]. That's the reason why if he understands, you can use the medicine [to prevent pregnancies], and if he does not and God gives you a pregnancy, you must accept it.

Many felt that it was their duty to obey their husbands:

If God brings the births, you live together with your husband with respect and happiness, and with peace. Between you there is a marriage. If he asks you to come, will you say no?

In contrast, several men seemed to think that women who had too many births were responsible because they were unable to control their sexual needs and did not abstain from sex for long enough:

Between a husband and wife there is no patience. It's when the woman needs sex, that is when they have sexual relations.

A group of men from Village A were a bit confused as to where the responsibility for *riritisa* lies:

It's a charity from God, quick pregnancies. As God makes [pregnancies] available, [having them] is not a difficulty. Actually, the woman is the one who is not patient, she is the one who goes to the man for sex.

Keith argues that women are trapped in the double bind of protecting their child and pleasing their husbands (1991:57). When they have intercourse with their husbands, women fear they are risking the life of their child, if not in the immediate sense by poisoning the milk, then in the longer term if they should become pregnant again and are forced to wean the child early. Many of the women said that if they were going to consider using something to help space their births, they would talk to their husband about it first. The young women Village B stated:

If a woman has a baby and then her period starts, that is when she must talk to her husband. When they are in the bedroom together she must say to him "Right now I have a small baby, but my period has started. I need to find something to help me have a good weaning. I must look for a solution. It is God who decides everything, but I am worried and I must look for something to help.

However, none of these women had broached the subject with their husbands because, they claimed, none of them had encountered difficulties with pregnancies too close together. Several older women in Village D expressed the idea that a solution to the problem could be found in modern methods:

Riritsa is a bad thing. That's why we need help with the [modern contraceptives]. So women can take the [contraceptives], they can meet their husband, but they don't have babies until the last child is big enough and healthy.

Despite these statements, however, none of the women in this group were using modern family planning methods.

In some cases we found women who were using methods of family planning despite the fear of displeasing their husbands. Older women who have provided their husbands with several children seem to have more room to manoeuvre within their relationships. In Chapter Ten, this phenomenon is discussed in relation to decisions around educating girls. Perhaps because they have achieved more status through their ability to provide children, or perhaps because the husband is less concerned with overtly demonstrating his power over his wife, women with several children were able to assert themselves without risking too much censure. One older man in Village C stated that he knew that his wife was using family planning methods despite the fact that she had not asked his permission:

Even my wife, I don't know when she started using [modern methods]. She didn't ask me. And I didn't give her my permission to use it!

This particular quotation provides an illuminating example of a situation where the husband may not approve of his wife's actions, but she is able to continue regardless. In a later comment the man used the Hausa phrase "it's not my water" which means these things are none of his business and he does not want to know about them. It is likely that, because his wife had given birth to nine children, seven of whom were living, this husband was able to make a display of his disapproval, but equally, did not have to act upon it because with his large family he was confident that he had the respect of other men.

Local Methods of Spacing

In addition to periodic abstinence, women rely on the use of local methods of medicine (*magani*) to avoid pregnancies without risking their ability to conceive again

later. There are a number of these methods available and most women seem to be well versed in their use. Despite claims of efficiency of abstinence practices in the past, this availability indicates that there is a need for some other form of birth spacing. The methods fall into three general types: the *kiri*, the *laya* and verses that are ingested as a drink. The *kiri* is a braided rope of grass, wrapped up in leather, which can be bought from the local healer (*boka*). Although I was not able to establish a price for the *kiri* in the rural areas, women reported prices up to 10,000 CFA (approx. £ 25 before the devaluation of the CFA) in Niamey. The *kiri* is worn around a woman's waist until her child is weaned, at which point she takes it off and hides it in case another woman might discover it and use it.

Women claimed that, if you found a trustworthy *boka*, the local methods worked very effectively and you could have intercourse with your husband without risking the health of your baby. Many thought that it was becoming increasingly difficult to find a good *boka* and that there were many "charlatans" around. Others thought that women were not using the *magani* correctly:

You know there are different kinds of *magani*. Some don't work. But some have rules that the woman must follow so that the medicine works. Some women don't respect the guiding principles, then the medicine spoils and does not work. It works with the women who follow the guiding principles.

One woman described a method of ensuring that the *magani* was reliable:

Some *kiri* are good. If a tree gives fruits, and the *kiri* is attached to this tree, all the time the *kiri* is attached, the tree will not give fruit.

The *laya* is similar to the *kiri* in that it is worn on the woman's body until she is ready to become pregnant again. A *laya* that is bought from a *boka* is a magic verse written on a piece of paper, folded and then wrapped in leather; a *laya* from a marabout is a verse from the Koran written on a piece of paper and then wrapped in leather. The woman wears the *laya* pinned to her hair under her head scarf or, more commonly, tied to the corner of her underskirt. The woman wears this *laya* constantly and the only acceptable time to take it off would be to wash her underskirt, in which

case she would untie the charm and place it close to her while she washed her underskirt and then would tie it back in immediately.

The third type of local method of birth spacing also involves Koranic verses from a marabout. He writes a Koranic verse on a board, washes off the ink and then gives the water to the woman to drink. Several times I asked marabouts to write down the verse they used so that I could have it translated. In all but one case I was refused. Often marabouts charge a small fee for writing the verses or for making a *laya* and part of their refusal may have been based on the fact that their choice of verse was a trade secret. Additionally, there seemed to be some suspicion that I might give the verse to any woman, without fully understanding its meaning or without the proper skills to judge whether it was appropriate for the woman. On one occasion, I was able to convince a marabout to write the verse down for me, but, to date, I have been unable to find anyone able to make sense of the script.

Use of Traditional Methods of Birth Spacing

In spite of the insults addressed to women who have pregnancies close together, people do feel sympathy for them. One man from Village B spoke particularly eloquently about the problems:

It's like making a rope. If you are braiding a rope in front of you and someone behind you is unbraiding it, the process is futile. The woman who gets pregnant before her last baby is weaned is undoing all her hard work. She will lose both babies.

The women were also very conscious of the problems of providing for a large family. When asked what *riritsa* meant for women, most answered *wahala* - suffering. An older woman from Yantala commented:

Giving birth each year, getting pregnant and breastfeeding at the same time is difficult. This makes [the woman] old, although she is still young by age. Her blood does not have a rest. She is bothered by her baby on her back, a pregnancy and another baby at her hand. She always spends the night in urine.

While birth spacing methods do exist, it is clear that they are solely for the purposes of alleviating suffering from pregnancies too close together. It is generally understood that women should not try to use the methods to avoid having children, or to space their children for longer than two years. Only women who had shown through experience that they were likely to suffer from *riritisa* in the future were able to use the methods with permission from their husband and without comment or gossip from neighbours. In some cases women had to prove to the marabout or *boka* that they had their husband's permission before they were given the method, although generally they are given it on request because it is assumed that a woman would not dare to try to prevent conceiving a child without her husband's permission.

Further attempts are made to ensure that local methods of spacing are controlled. One marabout stated that he preferred to give women verses to drink because he could see them taking the medicine and there was no chance of them giving the medicine to a friend who did not suffer from *riritisa* but was trying to avoid pregnancy. Even though husbands had given their permission, marabouts were often watchful for any abuse of the methods by women trying to avoid pregnancies. We heard several stories of men who felt that their wives had rested long enough between pregnancies and had destroyed their wives spacing method by cutting the *kiri* or taking the *laya* away. Some men felt that the matter was entirely up to God and several women spoke of their husbands refusing to let them use the methods for fear of committing a sin.

FAMILY PLANNING AND ZAMANI

Use of Modern Methods of Contraception

The normative guidelines on the conditions under which a woman can seek modern methods of contraception to help her to space children appear to be similar to those guiding the local methods. The older men in Village D commented on when they felt it was appropriate for women to use the methods available from the health centre:

When you notice that the children are many and they cannot grow. If [the woman] notices that as soon as one comes out, another is on the back, if [she]

notices that [she] is suffering and if [she] notices that they have nothing to feed these children with, that is the time to start [using the modern methods].

Most women seemed to agree with this view. However, with the exception of the older women who had already had a number of children, many women insisted that they had to seek permission from their husbands before using the modern methods of contraception in the same way that they had to seek permission to use the local methods.

It is important to highlight this point, considering that the IEC programme has primarily targeted women, who seem to have been identified as the prime fertility decision makers, and who can be reached through the health centres. In this light, it is not particularly surprising to find that men frequently express a lack of understanding, if not suspicion, of the modern methods.

Gender bias of awareness-raising activities aside, the suggestion that the new methods offered by the health centres can be used to ensure longer spaces between pregnancies is cause for interest and misgiving for women and men alike. Apprehensions arise from misinformation and rumours circulating about the potential negative side-effects of modern medicine, the most disturbing of which is the suggestion that a woman could use the modern methods and become sterile, something which would "discredit" a woman as a spouse (Nicolas, 1975:93). The fear that modern methods can leave a woman infertile is not completely unfounded; there is sufficient evidence to suggest that the use of IUDs and hormonal implants can cause side-effects for women, some of which result in infertility (Hartmann, 1995; Warwick, 1982). As one woman's comments indicated, this fear plays a major part in deterring women from using the methods. In the following quotation, the women are responding to a question about when a woman can consider seeking modern methods to space births:

First Woman: When we start *riritisa*, [our husbands] notice we are suffering.

Second Woman: No, it's not that. These women are ashamed [motioning to the other women in the group], but I will say it. They are afraid to go for the [family planning] in case it means we won't have any more babies.

The positive interest comes from the long-standing Hausa tradition of spacing children. For example, a young woman in Boukoki stated:

It is not [permitted] to limit births. But one must have a rest, one's children should have a rest too. But giving birth without rest and no spaced children is not good.

The Impact of Modernity on Local Problems

The Hausa notion of *zamani*, or changing times, has brought complications at several levels. Since the occupation of the French and a need for cash to pay taxes, there has been an increasing shift to a dependency upon currency. In the past, kola-nuts and food-stuffs were used as gifts, but cash is now expected (Schmoll, 1989:3). Clothes must be bought, and medicines must be paid for. The older women in Village D discussed the changes and the need for money in the following way:

We need money more than our parents did. For instance, our parents didn't use money [as much as we do]. They went to Zinder on foot, but we go by bush-taxi. Our parents didn't spend as much as we do now. Now everything is expensive.

Although men and women express the desire to have many children and invoke Allah as the one who will provide, when the discussion turns towards the difficulties of modern life they will also admit their concerns about continuing to support large families. A young man in Village C talked about the increase in family size:

Before people were few and what people produced was enough to feed them. Now people are many. Before, you could see a family with three or five children, now they will have ten children.

As generations have passed, the family farms have become divided into smaller and smaller portions and have become less able to support large families. This development, coupled with recent problems of drought and deforestation, has led to a degradation in the quality and fertility of the land. It is no longer possible for these

parcels of land to produce sufficient food to support a large extended family. One woman from Village A told us:

It's a bad time right now. It is very expensive. Before there was enough space for everyone to plant and cultivate and there was enough food. That was before. Now it's not like that - life is expensive. There isn't enough land, the land is weak - it's not a good thing.

While most of the population remains in the rural areas, many men, and sometimes entire families, have gone to the cities in the hope of finding work. Many young men are forced to travel to the coast or to big urban centres in Nigeria during the dry season to find work and money to send back to support the family.

In some cases, grown children are now being supported by their parents, where in the past, the children were expected to take care of their parents in their old age. The children sent to school have the hopes of their entire family resting on them, yet these children, if they finish school, are unable to find work in white-collar employment and are often reluctant to return to manual labour on the family farm (see Chapter Ten). As Keith explains, when these children fail to succeed in school or to find employment, they become even more of a burden on the family:

Because they are no longer willing to do manual labour, these people neither contribute to the family resources nor even in many cases find enough work to support themselves. Instead of [taking responsibility for the farm], they may be a burden to their aging parents who are forced to continue to feed and clothe them as adults. (Keith, 1992:15)

The Conflict

Coming to terms with the conflicts between local norms, on the one hand, and the influences of modernity, on the other, is problematic for the men. While men and women alike must endure the increasingly difficult times, the pride of the men as the *maigida* - the chiefs and providers of the family - suffers a good deal. Any suggestion that a man is unable to provide for his wives and children is not only an insult to his honour; it implies that he is not fulfilling his role in society.

Increasingly men are forced to redevelop and redefine their coping strategies: negotiating between what is acceptable and what is not, in terms of what modernism has to offer, and reassessing the approaches passed down to them by their parents. They are caught between what they see as their “traditional” roles and what the current situation demands of them: wanting, and indeed expected to have, many children, but aware that they are having more and more trouble supporting them. One older man in Village C discussed the pressure associated with rapidly increasing numbers:

Now the population is increasing, but the space is not increasing. For example, if you are one father and you have one son who has three children who each have four children - all these people! The space that used to be farmed by the father and his son now must feed all these people...

It is very difficult for men to cope with the mounting obstacles to fulfilling their responsibilities to the family. In principle, any money a woman makes is for her own personal use, but women often use their money to buy food for the children and help the family out. Keith (1991:28-30) states that, in order to preserve the man's self-respect, such a situation will not be spoken of by either the man or the woman.

While many men believe that more children means more help in the fields and more opportunity for success, they are also quite articulate about their concerns about lack of money, resources and land for their children. For example, a rural man from Village A made the following comment in a focus group:

There are many differences in life today. There is not enough land to go around. I know well that it is the good God who gives children, but right now too many children are not a good thing.

An older man in Village C quoted the Hausa proverb “*Gida ya kori gona*” which translates literally as “houses chase farms away” and can be taken to mean that as the village grows, the fields shrink”.

Equally, younger men in Village C stated that: "It's not that the land is less productive, it's just that there are more people on the land". Other men argued that the land was less productive and that they needed modern fertiliser but lacked the money to buy it. Several days later we were discussing the problem again, and when questioned about how best to deal with the problem they responded:

First Man: Pray to God.

Second Man: The problems we told you about the other day, about food and land - as for us, there is nothing we can do. If we could do something, we would have done it. As for now, the only thing we can do is pray to God.

It is very interesting to note that, in these discussions, the ideas were almost always expressed in terms of the problem of insufficient land. Rarely was the notion that there were too many people expressed. For example, one older man from Village C explained the situation from his point of view:

Someone who used to get enough millet for fifty days [from his field] now only gets enough for two days. He must work in his garden to grow vegetables to sell so he can go to the market and buy millet.

One older man drew the parallel between children and animal farming:

It's bad. It's like the man who goes to market and buys ten goats. When he gets home he doesn't have the means to feed ten goats. It's a bad thing. It's a problem for him. If you don't have enough for your children, it's the same thing.

The men from the city do not seem to view the problem in the same manner as the men from the village. Although they worry about not being able to feed their children, the majority we spoke to argued in favour of the security provided by large numbers of children. "As you don't have a job, so it's good to have a lot of children to help you in the future".

Occasionally, these discussions touched a raw nerve, and several times the men from the village as well as from Niamey became impatient with the questions. In

one situation, a man we were interviewing in Niamey became very irritated with the discussion and said to us:

Mesdames, we have much more important things to worry about than spacing children. We have many problems. We must worry about finding work and feeding our families. So, do you see, we don't have time for this talk about "birth spacing". Do you understand?

In another instance, while we were asking about women's suffering from poorly spaced children, one man in Village C became quite angry with what he took to be our assumption that men were not providing for their families. In his outburst, overlooking the fact that his wife was using modern contraceptives, he stated:

There is no time when a woman can have [contraceptives], because the husband is the one who suffers to feed and clothe [his family]. There is no suffering for the women! They are [their fathers'] children and we are the ones who take care of them! We are the ones who feed them. We are the ones who clothe them, and we can put them wherever we want to! There is no suffering for women!

Women's Concerns

The women are also very aware of the difficulties of providing for their children. Their responsibilities include raising children and maintaining the households, in addition to preparing the food and carrying the water. Many fear that if they have too many children they will not be able to keep the compound clean and their husband will stay away because he does not like the noise of the children and the smell of urine. A woman in Village A commented:

It is a good thing if God says you should have a lot of children; if it is the will of God. But now it is very difficult to support a large family. Some men, if a woman has a lot of children, don't even want to drink water in their home...he doesn't even drink water! The husband even says he doesn't want any more children. If he should refuse to pay for the clothes, the food and the

prescriptions, if you don't have the means to do these things, who will help you?
No one helps you!

Many fear that if they have too many children, the husband will not be able to support all of them, and he will become so ashamed that he will have to run away and abandon them.

If there are many children in a family, if the man does not have enough means to support them, he runs away and leaves the children for the woman. And how will the woman feed her children?

Interference from Outside

Frequently women told us that the reason their husbands would not allow them to use the modern methods is because the health staff were not responsible for his family:

If a woman says she wants to go to the health centre [to get contraceptives], her husband says: 'Are the health staff the ones who feed my children?' Then he says: 'God gives me food to feed them!'

Such statements would seem to suggest that men are offended by the suggestion that they are not able to fulfil their obligations to their families. In some cases, husbands threatened the healthworkers. Ouwa, a young mother in Village C told us about her sister's husband:

Some [marabouts] understand [the need to use modern methods] and others don't. For example, my sister is married to a marabout, and he has said he will sue [the nurse in the village] if she gives his wife family planning.

In some cases, men were put off allowing their wives to go to the health centre if the health worker was male. Although the women did not speak about a fear of being exploited by male health workers, the younger man in Village C summarised their concerns in the following way:

Many of our wives are interested in using family planning. But it is a male nurse, so they can't understand how a male can advise them. They think it's just so he can see their private parts. That's why they don't want to go.

When women go to the dispensaries they seem to have mixed receptions. In Village C, the health staff were well respected by women and men. One of the older men described how the women came to learn about the modern methods:

[The village nurse], she always talks with the *matrones* in order to help them understand what family planning means. These *matrones* go all over the village, helping women to understand it. Our wives come to us with the idea.

In contrast, a few of the older women in Village B openly stated that in the village there was a reluctance to go to the dispensary for fear of ill treatment: "Village people are afraid of the dispensary. When they take their children there, the people are rude and they don't do anything". This notion of the village person as "other", different from those who live in the city, was also mentioned several times during the focus groups. The theme was reiterated once again by another woman in Village B;

People in the city don't understand the problems of the bush people. In the city you have food, you have money and you have the health workers to help you. Here, we have nothing.

While such comments refer to health care in general, they are particularly relevant to the discussion of family planning methods. When women have chosen to begin using modern methods, or even to ask questions about them, a judgmental or rude health worker will be enough to deter them. Equally, if a woman is having difficulties with a method that she is using and does not feel comfortable approaching the health staff, the side-effects may grow and be cause for abandonment, as well become the source of negative rumours.

SUMMARY

This chapter has explored Hausa notions of wealth, fertility and birth spacing, and the role that children play in ensuring a future. For the most part people continue to follow the same strategies for survival. Some individuals, however, are beginning to link their increasing difficulties with resources and environmental degradation. The re-evaluation of survival strategies, though at the moment particularly sensitive and often volatile, is on-going.

At the moment, one of the most influential barriers to increasing use of the modern methods, in addition to individuals' perception of their need for many children, seems to be a lack of understanding and poor communication. Unequal distribution of information between men and women has meant that, even if women are interested in pursuing the use of the modern methods, their husbands, inhibited by their lack of understanding, prevent them from using the methods. Further, while concessions have been made in the past to allow those women who suffer from the inability to space naturally to use local methods of spacing, few men or women will confess to having this problem. Shame and embarrassment continues to prevent discussion of fertility issues between women and men on a personal level in all but a few instances.

Chapter Nine

Providing Schooling For Girls: Educators and Their Role

INTRODUCTION

Chapter Six investigated how the Ministry of Education (MoE) has developed policies and set targets for the education of both boys and girls. It was noted that the gulf between targets and the levels of education actually achieved had only recently been acknowledged. Moreover, the recognition of girls as a distinct group of pupils, with very specific and distinct learning needs and time and labour constraints, has been a new addition to the Nigerien education policy development agenda. The impact of this shift in policy directives has yet to be explored at the local level.

This chapter examines, from the school teacher's point of view, the relationship between educators and the community, and their ability to provide basic primary education opportunities for girls successfully at the local level. It looks first at the difficulties of recruiting girls into school, acknowledging the role of community norms and teacher bias in the process. It then goes on to explore the inconsistencies and challenges inherent within a education system struggling to reflect its country's social and political evolution, and in so doing describes the implications for the female student in particular. Finally, it explains the educators' own personal perceptions, illuminating their analysis of the value and utility of the education they are able to provide for girls.

ATTENDANCE ISSUES

Effects of Political Unrest on Teachers' Morale

In 1996, the overall morale of the teaching profession in Niger was extremely low. In a 1989 report to UNICEF, Salifou expressed his fears that the Nigerien education system was rapidly descending into crisis:

In reality none of the different attempts are truly allowing a revival or redynamism of the Nigerien education system. It seems more than ever to

have plunged into a certain lethargy, attacked for a very long time by the problems which are like a powder keg, and which in the interests of all and every one must, at any price, be prevented from exploding.*¹ (Salifou; 1989:94)

After the previous five years of strikes and protest on the part of all civil servants, the situation has declined substantially. Because so many days of teaching have been lost to the protests, even the most basic elements of the curriculum have not been covered due to lack of time. The government, therefore, has had no choice but cancel three out of six academic years and announce the so called *années blanches*. In addition, at the time of the research, there remained some scepticism concerning the 1993-94 school year, which was not cancelled, but many felt should have been. Merritt (1995) has observed that the choice not to cancel the year may have been a political decision rather than a reflection of the achievement of an adequate level of education, suggesting that the government feared the political backlash that a fifth cancellation in six years might have brought.

Teachers and administrators feel that the strikes have had a deleterious effect both on motivation and on their ability to carry out their responsibilities. A senior Education official in Zinder Department commented:

The strike has really taken away our desire [to work]...psychologically. We lost so much time that we can't really catch up. We want stability so that students and teachers alike can work as they wish to do it. It is really bad. The government has to pay civil servants on time at the end of every month so that these problems will be solved forever.*

There is a pervasive apprehension about the impact that the strikes will have on the future of the country. While frequently pledging to "work hard" and "put faith in the government", many of the educators expressed fear about the consequences of the *années blanches*. A headmaster in Village C made the following observation:

The consequences are not going to be felt at once. But from now on, over the next six or seven years, they will be felt seriously... It will not be an easy task to fill the gap completely, but what we can do is to work hard. When

¹All quotations marked with an asterisk have been translated from French.

our union and the government settle the matter, we will have to work hard and continually...

It is not clear whether the matter will or can be settled in the near future. With no indication of any new opportunities for improvement in the economic situation at the national level, and with continuing demands for salary increases from the civil servants' union, it is highly likely that the government will continue to struggle to pay salaries on a regular basis. One World Bank official, working with Education Project II which helped to develop the new national curriculum, commented that the cycle of strikes and inadequate education was going to continue for some time. In the meantime, teachers and head teachers at the local level must resign themselves to achieving as much as possible in the time that they do have available. The current challenges to increasing girls' education must be seen against this background.

Recruitment Perceptions

In the course of the research, educators' responses to questions regarding an increase in girls' education were often couched in terms of the difficulty the school system was going to have educating anyone, let alone making distinctions between girls and boys. The male headteacher of a *médersa* school in Zinder made the following comment:

Nowadays, parents don't believe that children will succeed at school - boys and girls. Parents believe that working at home or on the farms is better than trying to go to school and become a civil servant.

Most educators were willing to acknowledge that they had low levels of female education in their own schools, but few were willing or able to go beyond this acknowledgement and discuss the issues in terms of the wider implications. In some cases, the explanations provided for the low numbers of girls in schools did not indicate that the issue was analysed in terms of a problem to be tackled; rather, it seemed to be presented as a given condition. A female head teacher in Niamey made the following observation:

In my school, I have more boys than girls. It's like that in most of the schools around here. I think it's because at birth there are more boys than girls. That's my only explanation... *

Male and female head teachers often expressed a desire to improve the situation, but for many it was merely one of a number of pressing issues. For teachers in the rural areas, however, pressures preventing the achievement of even basic teaching objectives were felt more strongly.

Recruitment Realities

The challenge of recruiting boys and girls into the school system is substantial. In addition to parents' scepticism about the utility of the schooling process (which is now more keenly felt as a result of the strikes), an underlying fear remains that the school will permanently remove the children from their community. Furthermore, while the attrition rates are high throughout the primary school cycle (Maiga, 1991:29), parents are particularly resistant at this initial stage because, once a child has begun school, in theory, he or she is legally required to continue in school until he or she is either excluded or fails.

The law dating from 1962, which states that it is illegal for parents to refuse to send their children to school is rarely enforced. Technically, the village chief or the district head (*sous-préfet*) has the authority to insist, but rarely intervenes. Given the history of sporadically applied laws during the colonial period, however, many parents still seem to fear that the letter of the law may be applied without warning.² Merritt comments:

[S]chool attendance in rural Niger continues to be associated with coercion. The idea that education is good, and that children have a right to be educated to the best of the community's ability, does not yet seem to be a part of the rural mentality. (Merritt, 1994:25)

Methods of recruitment for primary school have not changed significantly from colonial times (Ali Mamoudou, 1994). In rural areas in particular, they remain ineffectual and rely on the motivation of local head teachers. In theory, at the beginning of each school year, head teachers consult the local birth registers at the district level, identify all seven-year-old children in the school village and surrounding villages, and then announce the names of the school-age children

² For more on the politics of compulsory education in developing countries, see Myron Weiner (1991) *The Child and the State in India - Child Labour and Education Policy in Comparative Perspective*, Princeton University Press.

either themselves or via the village chief. There are many problems with the system, as a male school inspector from Matameye described:

We go to the birth registers. Every child's name should normally be on the village registrations, so we refer to that and take those of 6, 7, or 8 years of age and invite the parents to bring their children. But what has happened now is that since the parents know that if their children's names are on the village registration they will be recruited sooner or later, so now the parents don't declare their children. So now most of the time, children's names don't even exist on paper.

While head teachers should ideally also consult village leaders to identify any children not on the birth register, this check in the system is also problematic. In her 1994 study, Merritt cited situations in which villagers had begged, bribed and made animal sacrifices to local chiefs so that leaders would withhold the names of their children from the local head teacher.

The rural school head teachers in Village C and Village F stated that they rarely travelled to villages outside their own to recruit, and findings from Ali Mamoudou's 1994 study indicate that this is the norm for rural primary school teachers in Niger. Frequently, the lack of transport and the knowledge that villagers outside of the school village would be unlikely to be interested in sending their children to school were cited as reasons for not casting a wider recruitment net. The teachers stated that when they do go to villages in the catchment area, parents of children are often aggressive, refusing outright to send their children to school, or going to great lengths to keep their child's name off the recruitment list. The male head teacher from Village C commented:

Yes, there are [no children attending this school] from these villages - they don't like school at all. It is their parents' fault. Parents in these areas are hostile, wallahi³!...Very often they have answers such as "she got married"; "he or she is not living in this village"; "I sent him or her to another village"; "he or she died"; even when we know nothing has happened to the children!

³Wallahi is often used to emphasis a thought or statement.

With parents willing to go to great lengths to avoid sending a child to school, school head teachers seem - after a few negative experiences - to opt for a system of recruiting only those they know will come to school.

Question: How many children are attending school from outside of Village C?

Head teacher: No pupils come to the school from surrounding villages; all our students come from Village C. They used to come for a while, but they stopped a long time ago.

Question: Do you recruit children from the smaller villages outside Village C?

Head teacher: We only have Koré and Village C-Bugaye under our control. They are the two villages allowed to bring their children to Village C for schooling, and as they didn't answer the very first invitations to bring their children to school, we no longer invite them.

Question: What about the smaller villages? Do you recruit there?

Head teacher: They don't come here at all. Even when we used to send invitations, we had no children from those villages.

Question: But you don't send invitations.

Head teacher: That's right, we don't.

Question: Why are you convinced that even if you did send invitations, the children wouldn't come?

Head teacher: Because those [head teachers] who served here before me in this area sent invitations over and over, but they had no children from these places.

For the most part, it is the children of government employees working in the area who are recruited, along with children in the immediate school village. Of the girls who did attend the school in Village C, all lived in households of government employees. If additional children from outlying villages arrive asking to attend school, they are not turned away, but instances are rare of children willing to walk several kilometres a day to attend school without being recruited. This cycle of reluctance on the part of parents, lack of access to schools because of distance, and poor recruitment on the part of school head teachers deny young village children even the initial opportunity to attend school.

Rural and Urban Distinctions

While they were sympathetic to their rural counterparts' problems, those head teachers interviewed in the urban areas were far less likely to cite any type of difficulty in recruiting school children - boys or girls. One female head teacher commented:

I have always been in town, but from what I know from my colleagues, there are so many problems in villages. In town the parents understand the benefit of school, so there is no problem. We finish the recruiting in one day. But in villages, the parents don't understand the good side of school.... I think it is because of the area. Because in the rural areas, children are more wanted in the fields than anywhere else. They help their parents a lot, they fetch water, wood, pound millet. The parents think that these practical jobs have more benefit than wasting the children's time in school. *

In urban areas the recruitment process is facilitated by the fact that there is a high concentration of children and parents in one small area. Parents in urban areas are aware that, in spite of the cancelled school years, the only way to give their child a chance of getting a job in the future is to secure a place in the school system. In Niamey, announcements are made on the radio and parents bring their children to the schools to enrol. Merritt reported in her study for UNICEF:

In urban areas, where many children are the sons and daughters of [government employees] who know the economic power of education, competition for places in primary school is keen. (Merritt; 1994: 23)

Hence, even in the urban areas, those children who do manage to secure a place in the system are more likely to come from the wealthier households of government employees.

Parents' Reluctance to Send Girls to School

While problematic in rural and urban areas, the enrolment of girls in the former is particularly difficult. If parents do send some of their children to school, it is far more likely that they will choose to allow the boys to go. A senior Education official in Zinder Department (a male) made the following observation:

You know, during colonisation when white people wanted to put children in school and when they went to a village to see a chief, he would always hide his own children and give them slave children. That's the same mentality now. In villages, parents hide girls and send boys. *

This particular comment is interesting because it indicates that a change has been made towards recognising the benefits of education for boys. Parents have moved away from an all-encompassing fear of the school system to a position which allows their boys to go to school. This shift is, presumably, in response to those benefits they have witnessed in boys who gained an education in the past. Additionally, the head teacher recognises that, in the same way as the chief's children were hidden before, parents still feel it necessary to hide their daughters from the system. Now, rather than making a decision based on fear of the unknown consequences of a foreign system, parents feel that they are protecting their daughters from what is perceived as a known risk of corruption and potential shame. Recognition of both the history and the rationalisation of this behaviour, and their implications for the recruitment of girls, has conceivably had an influence on how head teachers set out to achieve the minimum number of children required to begin schooling. Ali Mamoudou (1994:22) suspects that the imbalance between girls and boys is in part the result of the recruitment practice of teachers: "When the school directors are making the recruitment list at the district offices, they have a tendency to take more boys' names than girls'."* The teachers interviewed for this study certainly indicated that they were more likely to recruit boys than girls, as is discussed in a later section.

The Perceived Role of Mothers

When questioned about potential differences in recruitment practices for girls and boys, most head teachers reported that less effort was likely to be spent recruiting girls because of the belief that girls' chances of finishing the primary cycle are limited. Parents often overtly disapprove of girls' attendance, and are sometimes accused of sabotaging the education process. Usually, the mothers are blamed for actively undermining their daughters' education, as the comments made by the male head teacher in Village C indicated:

You know what prevents girls from going to school here in this village? Their mothers. Even if girls are invited to come to school, and even if their fathers agree, their mothers refuse. Mothers are opposed to the idea, and they

won't go. They are afraid of pregnancies. Not when the girls are little, but by the time they are 13, 14, up to the time they go to Matameye⁴. So, their mothers won't even allow them to start going to school!

The head teacher from one school in Niamey recounted from her own experiences the difficulties of being female and attempting to do well in primary school:

Head teacher: Me, I am from a village. In most villages, there is no secondary school. So if the children finish primary school, they have to go to another village or to the cities and their parents don't know who will take care of them.... In the village you only have sometimes a teacher and a nurse. That's it, no more than ten civil servants [in a village]. In the village they don't really see the good of education.

Question: So is it more difficult for girls?

Head teacher: Yes it is, because of marriage. From my own experience, in the village of a girl who is 16 years old, gossip starts about her and her family, saying she is old; she didn't find a husband. This is a custom in villages. Because once the girl is at secondary school and she reaches 16, the parents can't take her out of school, so they prefer not to send her at all. They don't want the girls to get pregnant before marriage. That's why they find husbands for them very early. *

In past experiences, teachers have invested the time and effort into preparing girls for sixth-year exams, only to see the girls deliberately fail. The instructor of a local literacy group explained the difficulties:

The mothers are the ones who discourage [the girls]. They say: "Look at that one, she got pregnant and came back [from Matameye]"; or "that one is going to get married"; or "that one is married". They say: "How long have we had a school? Can you show me a girl who has succeeded? Come now and be married!" Sometimes, beginning at the third or fourth year of primary school, some mothers start allowing boys to start courting their daughters. The girls listen to their mothers and take it into account. Sometimes in an exam, girls will write nothing; they will just hand in a blank paper to the

⁴ Matameye is the district capital, located in the department of Zinder. When children successfully complete primary school, in order to attend the nearest secondary school they must travel to Matameye.

teacher. It is the mothers who put bad ideas in their heads, even before they write the exam.

The combined pressures of early marriage and lack of successful female role models in the village contribute significantly to the parents' reluctance to allow their daughters to begin school or to continue beyond primary school. Teachers, knowing this, are faced with either conceding to local will or struggling against popular opinion. In some cases, the teachers' rationales did not differ substantially from those they attributed to the local villagers. For example, it was not uncommon for them to place the burden of failure to participate in school on the girls themselves:

Head teacher: For [the recruitment of] boys there is no problem, but for girls there is.... Parents don't want to send them unless they are obliged; for instance, the school in this village has been built since 1961, but no girl has succeeded.

Question: What do you mean by "succeeded"?

Head teacher: I mean that girls don't want to do so. [If they did] they'd have done it a long time ago. Today in Niger, there is no woman civil servant from Village C. If even one [girl] had tried to succeed, she'd have been a good example, and many others would try to imitate her. We have always had problems with girls.

The Teachers' Position

When questioned regarding their own approach to the recruitment of girls, the head teachers interviewed often responded by referring to "regulations", asserting that the rules did not discriminate between boys and girls. The following comment from the head teacher at Village F is representative of the general response: "There is a rule concerning primary education; it is compulsory for every child who reaches seven years of age to go to school." In reality, however, the available statistics indicate that head teachers are taking the route of least resistance by recruiting mainly boys (see Table 9.1). In the rural areas, it seems that they are recruiting the minimum number of children that they need annually, and limiting their recruitment net to their own village. Merritt (1994) reported that in some cases teachers recruit only every two years - teaching the same group the first two years of the curriculum over two years.

Table 9.1: Percentage of Girls and Boys in Primary School in Niger (Ministère de l'Education Nationale et de la Recherche, 1994)

Year	Primary school pupils		
	Girls (%)	Boys (%)	Total number
1990	36.1	63.9	317 840
1991	36.1	63.9	344 848
1992	36.1	63.9	368 729
1993	36.7	63.3	377 502
1994	37.2	62.8	414 296

In the village of Village D, the head teacher had stopped putting any girls' names on the recruitment list at the request of the village elders. Because girls from the village had never "succeeded", the elders felt it unnecessary to continue to send them. Neither the head teacher nor the school inspector from Matameye seemed to think that this request was problematic or even out of the ordinary. When the inspector was asked to comment on the situation he responded:

This is an arrangement between the teachers and the villagers. They live together and they make a kind of deal: "We will send you boys but don't send invitations for the girls." Here, as an inspector, if we try to do something we will lose everything, including the boys.

Attempts to Recruit Forcibly

In theory, if a child has been recruited and fails to attend school, the educators have the power to send the police to enforce the child's attendance. In the past, the threat of the police was often enough for some parents to send their children:

[S]ome are afraid of the authorities, since school is compulsory. They don't want any problems with the police, so they agree to bring their children; it is not because they understood the benefit of education.

Increasingly, however, parents are resisting this authority. With the introduction of a democratic form of governance, many people believe that they are no longer

obliged to obey the law⁵. Pointing to their new “democratic” right to disregard those laws with which they do not agree, parents are increasingly less likely to feel intimidated by teachers’ threats. In Village C, we heard about the head teacher who had recently attempted to convince a father to send his son to school. According to the story, the father became very angry with the head teacher, who was forced to apologise to the father saying “I am sorry. You know what is best for your son.” Reactions to the outcome of the story were mixed, with some thinking the father had been unreasonably rude to the teacher, and others agreeing that the teacher had no right to tell the father how to raise his son. Ultimately, if the head teacher had tried to impose his authority, the police, who would have been obliged to travel 15 kilometres down a very poor track to the village, would have been unlikely to be interested in getting involved in the dispute. While discussing this dilemma, Education official in Zinder recounted the history of a school director who had attempted to exercise his authority in a village with a very high concentration of conservative villagers, and who was eventually, mysteriously, murdered.

For the most part, educators recognise the constraints and the dilemmas that rural parents are facing, and, in the event that they are able to recruit the minimum number of children necessary, are unlikely to push hard for reform. Beyond talking to parents and children about the positive potential of education, for boys and girls alike, it seems that teachers feel that there is little they can do to change their situation.

PROVIDING EFFECTIVE EDUCATION

During the study period, I visited eight schools in rural and urban areas. The urban schools differ from the rural only in that they are, on the whole, larger with more classrooms, and in that the children are better resourced with pens, pencils, papers and more textbooks. Classrooms are often quite dusty and dingy. Light comes through windows with the shutters propped open to allow some breeze through the room. The front of the classroom is dominated by a large blackboard and other walls may be decorated with murals of animals or maps of Niger. The children’s desks are ancient and, at times, appear unstable. The few textbooks that are available, if not being used, tend to be carefully stacked in an otherwise bare metal cabinet.

⁵“Democracy” has, mistakenly, become the catch-all excuse or explanation for anything from disobeying traffic lights to increasing corruption in the government.

Teacher Training and Support

Any prestige held by the teaching profession during the colonial times has since disappeared. Until recently, those students who were directed towards teacher training (*école normale*) were the left-overs after the best students had been selected for secondary school (*lycée*) (Inné, 1992). Due to the demand for teachers, it appears that it was not even necessary to complete the training: Horowitz reported in 1983 that most primary school classes were taught by persons who had not completed the four years of teacher training, and that up to 24 percent of elementary school teachers had not even completed their primary school diploma (*Brevet d'Etudes du Premier Cycle* or BEPC). The system has been adjusted somewhat in an attempt to increase the quality of its teachers. In 1992 an entrance examination was made a requirement for students, although Inné *et al.* (1995) question whether the exam has made any real difference, saying that the training is still dogmatic and of poor quality.

After teachers have finished their training, they can be placed in a school anywhere in the country, and are likely to be rotated every few years throughout their career. Support comes in the form of a School Inspector assigned to each district and education advisors (*conseillers pédagogiques*) who should provide advice and supervision "according to the constraints of time and transport". Merritt (1994) reports that those advisors and inspectors who were supposed to be travelling were very often constrained by time and transport and provided relatively inadequate support to the teachers, particularly in remote areas.

Once the teacher is in post, the government is responsible for providing him or her with a salary and supplies for the school. Funding for school buildings has come from a variety of sources, including the World Bank and the French *Aide et Action*. The community is responsible for maintaining the building. School hours are from 8 a.m. until 12 noon and 3:30 p.m. until 5:30 p.m., unless the school is participating in the double-shift scheme in which two groups of children attend school for four hours either the morning or the afternoon (at the time of the study, it was only some urban schools who had been obliged to adopt the double-shift scheme). The school holiday schedule remains largely unchanged from the French system, with holidays at Christmas, Easter, in the summer and days off for the celebrations at the end of the Ramadan fast and the Tabaski feast.

Teaching Style

Despite the new curriculum, it could be argued that the teaching style and content of rural-based education have stagnated, at least since the early 1990s and the beginning of the National Conference (see Chapter Six). The new curricula and textbooks have been formulated and produced, but very little of this material has reached the rural teacher. Strikes and lack of funding have prevented any large-scale dissemination of new materials or extensive teacher training for those materials. No data were available to indicate how many teachers had received training for the new curricula or the new textbooks, but anecdotal information from teachers and school inspectors indicates a widespread dissatisfaction with the training and support provided for them by the government. Urban-based schools are in only a marginally better position, with better access to what resources are available and, it would appear, a higher percentage of teachers trained in the new curriculum.

Female Representation in the Teaching Profession

The Nigerien teaching corps is dominated by men, with a ratio of two male teachers to every female in the primary schools. Statistics from the Mid-Decade Review of Education For All in Jordan indicate that the percentage of female teachers in primary schools has increased marginally from 33 percent in 1990 to 34 percent in 1995 (UNICEF, 1996b:16). Moreover, while the chances of girls having a female teacher as a positive role model in the primary grades are low, those chances are even further diminished if the girls do manage to qualify for secondary school. (See Table 9.2)

It is commonly recognised that life in the village for a lone female is difficult. Sometimes female teachers are married to head teachers working in villages, but most female teachers appear to be placed in urban areas. (See Chapter Seven for parallel examples of female health workers marrying male counterparts.) There do not seem to be any statistics available on the percentages of men and women teachers in rural areas, but it is generally believed that the male teachers outnumber female teachers. Of the three village schools I visited, only the Village F school had a female teacher. Recent policy proposals have often recommended increasing overall numbers of female teachers in order to provide role models for girls, but they have not specified the particular need for women teachers in the rural areas (Ministère de l'Education Nationale et de la Recherche, 1994). All of the

female teachers I spoke to were currently working or living in urban areas, although one had worked briefly in villages.

Teaching in the Village

Most rural schools are off the road, across what is often very sandy soil, so access to the schools becomes problematic from a supervisory point of view. School Inspectors and Education Advisors are expected to visit schools, but with no money for petrol and often only a motorcycle for transport (if they are lucky), these visits are inevitably sporadic. Transport is even more problematic for the teachers who must travel to the district capital to collect their salary, attend training sessions or to get supplies. Their means of transport, too, is often a motorcycle and again funds for petrol are scarce. The teacher's main conduit for information from the outside are radio broadcasts that announce pay days, strike days, and training sessions, as well as daily national and international news.

Table 9.2: Percentage of Men and Women Teaching in Primary and Secondary Schools in Niger (Ministère de l'Education Nationale, 1993)

Level	School Teachers	
	Men (%)	Women (%)
Primary	65.9	34.1
Secondary	79.0	21.0

Because of these transport and supervision difficulties, the head teacher of the school is largely on his or her own. Contact with supervisors may be made when the teacher travels to the district capital to collect his or her salary, but is not guaranteed. Pupil recruitment practices are up to the head teacher, and are unlikely to be criticised by the School Inspector who is familiar with the difficulties the teachers face. Further, while multi-grade teaching is in theory practised in the smaller schools, with years one and two, years three and four and years five and six together, not all of the teachers are conforming to the framework. Instead teachers prefer to have the same group of children over a two-year period; taking them all through the first level of the curriculum in the first year, and then through the second level the following year. Isolated and unsupervised, these teaching practices become the norm and go unquestioned.

Over the years, schools have been established in the bigger villages with a catchment area of smaller, satellite villages in theory contributing to the school population. Schools are considered by the government to be accessible to students if they are within a five-kilometre radius of the village. After doing their morning chores, the children (in almost all cases boys) walk to school. Classes tend to begin at 8:00 a.m. and last until noon when they break for lunch and siesta. Afternoon teaching begins at 3:30 p.m. and lasts another two hours. Children who have walked some distance to school may stay in the village for the midday break, or go back to their own village and return again later. Some schools have a lunch programme where food is provided for children from outside the village. The Village F school had such a programme and, of the 141 students, 23 (all of whom were boys) had a lunch of rice and sauce provided by the World Food Programme.

Buildings and Resources

Village primary schools in the village vary widely in their construction. They can be made of concrete, *banco*⁶ or straw. Often the school is on the edge of the village, sometimes with a fence or wall around it demarcating a compound. Resources are very limited: when the schools are not closed due to strikes, children squeeze themselves on to the table-benches that usually serve as desks and, when text-books are in use, often four to five children share one well-used book which may date back to the 1960s.

The school in Village C was established in 1961. One classroom is made of concrete and the other two of *banco*. The school's furniture included 36 tables, two teacher's desks, one chair and three metal cabinets, while its resources included three maps of Niger, four maps of Africa, one world globe and nine science charts. The records in the District Education Office indicated that in the 1994-5 school year, the school population totalled 106 students, 25 of whom were girls.

The school in Village F was established in 1967 and had six classes: four concrete, one *banco* and one straw. The records showed that the school had six teachers, but because most of my research was carried out during the strikes, and most teachers were engaged in other means of income generation, we were able to meet with only two of the teachers.⁷ The inventory list indicated that the school had

⁶ A mixture of mud and millet straw; a type of adobe.

⁷ It should be noted that it is not uncommon to hear of teachers who collect their salaries without ever having taught at their school.

70 children's tables, 15 standard tables, six teachers' desks, three chairs and four metal cabinets. No list of resources was available. Although this school building was bigger than the Village C school, its population was not significantly larger. School records showed that, of the 140 students, only 35 were girls.

Learning By Rote

Some children have a notebook and a pen or pencil, while others use a slate and chalk to do their exercises. The severe lack of resources causes difficulties when teachers are confronted with the new curriculum workbooks, which require different coloured pens and pencils. In the classroom teaching I was able to observe, the activities were largely taken up with chanting and reciting memorised passages or numbers. Miles (1994:235) recounts stories of children being frequently insulted and beaten for their failure to recite passages correctly. This form of teaching reduces the use of precious writing materials, but is not a particularly effective means of educating. Halima, my research assistant, at thirty years old, was still able to recite passages from the preferred text "La Famille Boda". This form of teaching is familiar to all students, since it is similar to the approach taken in the Koranic schools which takes place around fires in the evening. Almost all children, male and female, go to Koranic school, if only long enough to learn the basic prayers. In the daytime (during state school hours) children's voices can be heard chanting in French, in the evening in Arabic.

The degree to which children are actually absorbing and assimilating information, as opposed to memorising and regurgitating, is important. In the urban areas, particularly in Niamey, children practise and use their French outside school, but in villages the use of French is restricted to the school. Similarly, the degree to which children and adults are able to understand what they are reciting in Arabic is questionable (Merritt, 1994:20).

Some people are able to write their names in Arabic script, but widespread achievement of functional literacy is doubtful. Since literacy statistics do not include Arabic, it is difficult to provide any statistical indicators to substantiate this observation. One evening I attended a Koranic school run for girls and women (the only one of its kind in Zinder) with an American friend who was fluent in Arabic and able to speak Hausa. She commented that when the women recited their Koranic passages in Arabic the words did not make sense, but when they recited verses translated into Hausa, the words were clearly formed and enunciated, indicating

that they understood what they were saying in Hausa but not in Arabic.

Interestingly, Halima told me that, as a young girl going to Koranic school, she had become frustrated at not understanding the meaning of the words she was memorising and, after being reprimanded by the marabout teaching her for being too inquisitive, she had stopped going to classes. This example is one of a number suggesting that often the marabouts themselves may be unsure of what they are saying or writing (see also Merrit, 1994), or perhaps fear that women may find out for themselves what the Koran says⁸.

Additional Difficulties for the Female Teacher

Placing female teachers in rural schools is difficult for a number of reasons. In a country where a woman needs to be married and have children to be considered respectable, women are reluctant to be placed in a village school away from their husbands and their children. If the woman is single, she may be the target of unwanted attention from men and of rumours from women thinking she is going to steal their husbands, and from men thinking she is a prostitute in her non-teaching hours. Socialising is difficult enough for government workers placed in rural villages because of potential language and cultural differences, and because an educated person expects (and is expected) to keep company with other educated people. For a lone educated female in a village, social options are extremely limited, especially when the few other government employees in the village will probably all be male. Getting out of the village is difficult because, even if a female teacher had a motorcycle, it would not be considered acceptable in the village for her to be seen on it.

Housework and food preparation is also problematic for female teachers. While most male teachers are married and have wives to wash their clothes, prepare their meals, etc., a female teacher would have to pay for someone else to do these time consuming tasks for her.

Due to the low success rates of girls from rural areas, most female teachers are from towns. Many will be accustomed to nice clothes, jewellery, cars and social options in the form of restaurants, the cinema and even night clubs. The thought of going to a dusty village where stylish clothing will be out of place and where water must be drawn from a well will be a deterrent for many of the women teachers.

⁸ For a fascinating examination of culture specific dimensions of literacy in the context of Morocco, see Daniel, A. Wagner (1993) *Literacy, Culture and Development - Becoming Literate in Morocco*. Cambridge: Cambridge University Press.

Both of the research assistants who worked with me in the villages had some difficulties adjusting to life without amenities, Halima in particular. Intelligent, motivated and very idealistic, she could not accept that so few girls and women could read or write, or that their opportunities to achieve an improved social status and position were so limited. By the end of the research period, she was desperate to get back to Niamey where she could go dancing, wear her modern clothes and seek medical treatment for the illness brought on by drinking unfiltered water. Yet we had a four-wheel-drive vehicle and had spent weeks rather than months or years in the village, so Halima was considerably more fortunate than female government employees in the village. While efforts are being made to entice more women into teaching in rural areas, the problems of transport and poor social conditions will be difficult to address.

Personal Commitment and Motivation of Educators

The low levels of motivation on the part of teachers are perhaps understandable, given their current professional and social conditions. Those who attempt to increase the number of girls in the school face a constant struggle to keep them there until the sixth-year exams and then must deal with parents who undermine their efforts.

On a more inter-personal level, teachers are unlikely to have any real commitment to the long-term interests of the village. They are often placed in a village for an unspecified length of time and rotated to another school at a later date. The teachers in the rural areas are often male and are frequently from a different language group than that of the village. In order to initiate the cultural and social changes that increasing girls' participation in school will require, the teachers must have established themselves as members of the villages in which they are working. As an Education official in Zinder discussed, this degree of rapport takes a great deal of time and commitment to establish:

I think in a village a teacher should integrate himself and try to get along with everyone: the village chief, the marabouts, the business men, everyone. He or she should make himself or herself accepted by the villagers. For that teachers will have to do many things. We try to have a pharmacy with medicines for those who are sick and will seek our help. We have papers and envelopes to help those writing letters, we discuss with them, we give them a lot of advice, we help them with administration. That's

how we get accepted in a village.... It is the only way things will get better. Teachers have to gain villagers' trust. *

However, for the new teacher placed in a village school, this type of commitment may be beyond what he or she is willing to give.

There is some tendency for urban and rural teachers to think that the other has an easier life. But, for the most part, rural placements are viewed as more difficult because of the lack of resources, lack of access to transport, resistance from parents, and distance from urban centres. One urban head teacher, who had worked in a village school, elaborates:

In towns, teachers have access to libraries, radio, TV, newspapers, everything to be open-minded; whereas in villages these things do not exist or are not easily accessible. So in villages, teachers do not enjoy their work and are sometimes unhappy. They can't make concrete examples, and it is difficult to make children understand. *

Aside from commenting on the difficulty of working in rural areas, this quotation also reflects the tensions between teaching in the rural milieu and the curriculum. Rural teachers, rather than teaching children about their own environment, are working with a curriculum which assumes an understanding of cosmopolitan concepts such as newspapers or pets⁹. The teacher seems to be overlooking the inappropriate nature of the curriculum for rural children, focusing instead on the benefits of teaching in an urban area. While more specific difficulties with the curriculum are discussed later in the chapter, it is important to note here that the teachers' task of working with an urban-oriented curriculum in rural communities can be challenging.

It was not uncommon to hear of villages where an urban teacher was assigned to teach, but had chosen not to go. As long as these teachers continued to collect their pay cheques, the administrative level would have no reason to think that there was anything amiss, and the school would continue to go without a teacher. The villagers, although lacking a school teacher, would be very unlikely to

⁹ Because they have no concept of keeping animals as pets, or giving them proper names, often school children who have learned to read using the textbook "La Famille Boda" mistake the names given to the pet dog and pet cat in the story for the French words meaning "dog" or "cat".

report the situation. While my experience of these situations did not go beyond anecdotes from villagers and other teachers, it is not difficult to imagine that the villagers might even be relieved that the teacher had not appeared, since they could then get on with their own daily routines.

Responsibility for the maintenance of formal education buildings within the community remains rather nebulous. Often buildings are in very poor repair, lacking even the most basic of attention. Although the government stipulates that the school is to be maintained by parents, often they have a different perspective:

The school is considered an institution which is transplanted into the village. It is the government's matter. It is not considered a matter belonging to the village. That is why the maintenance of the [school] buildings poses a problem because the village waits for the government to come and fix the buildings when they are damaged * (Ali Mamoudou; 1994)

A modern building in a state of disrepair, surrounded by the *banco* huts that are peoples' homes and have been the preferred method of construction for hundreds of years, is perhaps the most accurate visual metaphor for the cultural chasm existing between the school curriculum and local values.

Issues Relating to the Curricula

The skills that the school provides are clearly not recognised as serving the needs of the village. In speaking of the challenge of creating an education system which is accountable and, therefore, meaningful to the parents and students, Serpell (1993:278) has asserted:

If a school is to perform a genuinely enlightening and empowering function in the community it aspires to serve, the school curriculum must be intelligible at least in its central thrust to the parents and other family members of pupils.

The education system, as it currently stands in Niger, fails to provide a reasonable degree of accessibility or clarity of purpose to the local community. Instead, the style and approach of the formal learning process continue to be perceived as unfamiliar:

The content and methods of teaching are often incongruous with the realities of the children's environment. The school remains a closed environment to the community it is supposed to serve. * (Inné *et al.*; 1995)

The curriculum review that resulted from the National Conference in 1990 produced what is referred to as the "New Programme". At the national level, the process of working democratically to produce the New Programme curriculum document, "*Programmes de l'Enseignement du Premier Degré*", was viewed very much in terms of a nation-building exercise: those involved in the process were producing a document for Nigeriens, by Nigeriens. Fass, however, has argued that attempts similar to this to adjust the curriculum will ultimately be insufficient because they fail to address the pervasive control that the French orientation of the system continues to hold. The preoccupation with emphasising the goal of passing the exam over the process of learning and acquiring skills prevents any true re-orientation:

It is difficult, for example, to promote other methods of learning if they are inconsistent with the need to pass the national examinations. Success in these examinations demands a strong capacity to memorise. Similarly, because teachers are the products of secondary schools and are the masters of the art of memorisation, it is hard to convince them of the merits of anything that they themselves have not experienced. (1991: 47)

For the most part, the New Programme differs from the old curriculum only in that it uses Nigerien examples and pictures. The content remains designed to impart a Western knowledge, with no allowances made for religious instruction. For example, in the first two years of primary education 15 hours and 15 minutes of the 30 hour school week is devoted to learning French (Ministère de l'Education Nationale, 1990). Five hours are devoted to mathematics, and the remaining ten hours taken up with civic and moral education, family economics, sport and recreation, and *Activités Pratiques et Productives* (discussed further in the following section). In years five and six of the primary cycle, French instruction takes up ten hours, and the topics of history, geography and science have been introduced. The civic and moral education section makes no reference to religion or Islam. Instead it focuses on non-religious interpretations of morality such as "be honest", "do not gossip about other people" and "respect your parents". The family economics

section of the curriculum addresses the topic of hygiene for the first four years, and in the final two years the topics of childbirth, childcare and family spacing are meant to be introduced to male and female students. It remains to be seen if these elements will be taught when the first group of students introduced to the New Programme reach the final phase of family economics section of their primary schooling.

Evaluations of the quality of the outcome of the New Programme vary from one interest group to the next. Education advisors I interviewed at *Institut National de Documentation, de Recherche et d'Animation Pédagogiques* (INDRAP) were very positive about the curriculum, saying that it was a more “nationalistic curriculum, conforming to the socio-cultural reality” of Niger. In contrast, the curriculum and the text books developed to accompany it have been criticised by international consultants working in the education sector. One individual working with the French organisation *Aide et Action* commented that the new system had failed to improve the text-book situation, making only very surface changes such as changing place or character names from French to Nigerien. For the moment at least, it seems the differences in opinion will remain very much at the national level. As so often, the debate has yet to filter down to the local level, simply because so few teachers have received either the books or the in-service training.

The inefficient distribution of the books themselves has been the subject of some debate. Often, in practice, teachers in the rural areas have several well-worn copies of the old texts from the 1970s, and in some cases have one copy of the new reading texts and math texts. The new text books were produced with a combination of funding from the World Bank and the German government and were to be provided free of charge to students in all primary schools by 1994. Instead, they remained locked up in a warehouse in Niamey because of what was described by the National Director of Primary Education as a lack of funds to distribute them. In the case of the new language books “*Pour Lire et Pour Ecrire*”, the books were produced in 1990 and in early 1995 a number had begun to appear for sale in the markets of Niamey, apparently smuggled out of the warehouse. In March of 1995, once the schools had reopened after the general strike, the government began to ask the international community for assistance in the form of vehicles and petrol to deliver the books to the rural areas. The distribution of the books, however, remains incomplete to date.

Teachers' Reactions to the New Curriculum

Regardless of the lack of the new text books, the teachers themselves feel that they are inadequately prepared to cope with the new curriculum. In-service training had been provided for some teachers, but all those we spoke to were dissatisfied to some degree. The head teacher in Village C had been to the training session and he had the following comments:

Question: We heard that there have been some concerns about using the new books.

Head teacher: Yes, it is called the New Programme. The teachers have been trained, but the training was only for a short period of time. They were trained for two days only. It is a really short time. To be able to use these new books as they should be, teachers ought to be trained through three months.... You yourself know that two days aren't enough to go deeper into what we should know. During the two days we were trained superficially. It is very difficult to go through everything in two days only. Actually the time was very short, even our trainers rushed to finish. And there were not enough materials. We have the books only, and they should be used with the appropriate materials covering them. The lack of materials prevents us from using all the books, that's why we are using only the language books among all of them.

The "materials" the head teacher refers to are coloured pencils and geometric shapes for use in the mathematics section of the first two years of primary school. While a few coloured pencils and bits of paper with which to make shapes may not seem too prohibitive even in the poorest sections of the urban areas, in the rural areas it is often difficult to find even one blue pen. With the lack of training and few books to work with, the challenge of overcoming the absence of the resources recommended in the texts is often the final straw in attempts to come to grips with the new curriculum.

The Example of Activités Pratiques et Productives

While it is included in the New Programme (it shares an allocated time of three hours a week with family economics), the status of *Activités Pratiques et Productives* (APP) within the new curriculum provides a good example of the extent to which the urban orientation and hierarchy of the education system limits the opportunities and potential for positive adjustment of the curriculum to the rural realities. APP grew out of the urban-based Experimental Schools which began in

the 1980s and continue to have “experimental” status to date, despite their successes.

Attempts at creating national language schools have been made throughout Africa. Different policies have attempted to integrate curricula using national languages to varying levels of the school system. While small-scale experiments seem to have been successful, Tanzania has perhaps one of the few school systems in sub-Saharan Africa to have institutionalised Swahili (its only national language) through the primary cycle.

Proponents of teaching in national languages argue that children come to school speaking the language and are therefore able to gain literacy skills more quickly. Equally, parents are able to support their children's learning because they speak the language themselves. Critics of the approach argue that teaching aids and materials must be developed for each of a country's language groups and sufficient teachers from each language group must be trained. Problems arise in urban areas where children from different language groups may be expected to attend the same school¹⁰.

The Experimental Schools in Niger have attempted to strike a compromise between French and national languages. Teaching exclusively in the national language for three years, they begin to introduce French in the fourth year and aim to have the children sufficiently prepared to write their exams in French at the end of year six. Merritt (1994:10) found that some urban parents were reluctant to send their children to the Experimental Schools because they felt their children would not be skilled enough in French to pass the exam.

In addition to teaching in local languages, the Experimental School curriculum developed a section on working with local materials to build, repair or create instruments, tools or solutions to practical community-oriented situations. Salifou (1989) has commented that, of all the innovations introduced into the Experimental Schools, the APP has been the most deserving of support and encouragement. APP was considered so successful that it was incorporated into the New Programme. However, as the pressures of the strikes have continued, APP seems to have increasingly lost priority within the system.

¹⁰For a recent review of debates regarding National Language and Curriculum at the Ougadougou Conference see Ola-Davis, George. “Speeches and Poor Results” in *West Africa*. January 29 - February 4, 1996.

In reality, no hard decision has been made about the status of APP at the national level. Aside from the lack of attention and failure to replenish resources, there has been no official indication that the activities should be ceased. However, the teachers are now extremely limited in terms of the time that they have left to cover the basic curriculum. The head teacher of a Experimental School described the effects of the strike on the school calendar:

But now we don't have much time. The strike slowed everything down.... I think we will be able to save the year for exams. The government says we will work until July and have a break and do the exams in October, have another break and come back for the results. Next year's school will resume in January.

In addition, the absence of support from the supervisory level, combined with the unofficial suggestion that the activities are not important, has been enough to undermine the emphasis on APP in the classroom.

Despite the fact that the APP activities have so much potential, it seems that they will be allowed to slip away to make room for those activities that conform to the aim of passing the final exam, with little or no resistance on the part of those who know its value and potential. Fass has commented about curriculum reform in the Sahel in general:

[T]o look at this in historical terms, the advocates of quality think in terms of the "common" school approach of the United States - system which is driven from the "bottom". They forget that they work within the Napoleonic system of France - a system that is driven from the "top". (Fass, 1991:47)

We asked a senior Education official in Zinder, who was himself extremely supportive of the APP activities, whom he thought should be responsible for ensuring that the programme should survive:

Response: The government.

Question: But you are the government!

Response: No, you know [what I mean]... *

Clearly, if changes are to be made, the national level is responsible for initiating, supporting and, if need be, cancelling programmes. Yet, this official perceives himself as having no power to initiate or protest those changes.

An Absence of Innovation in the Classroom

Often teachers feel that they are bound in what they are able to teach as much by the exam as they are by the curriculum. Although the curriculum still includes the time for APP activities, they rarely take place - because they are not in the exam, and because the teachers seem to feel that there has been a tacit directive from the national level to abandon it.

We do this APP. We do cooking, gardening... It used to be in our curriculum and the government was interested in it. But it has been four years since anyone has talked about it. They have given up. It has been more than four years since anybody has cared about these activities.... Even if it is not a part of the exam, it helps a lot. I was told that we should stop because we don't get any support.

Teachers' abilities to innovate with the curriculum and take steps towards making it more meaningful for both boys and girls in the local community are also limited by their own education and experience. Because they themselves have been taught, and have excelled, in a system which emphasises memorisation and regurgitation of facts, teachers are unlikely to have had the opportunity to depart from the text and develop new learning opportunities.

Given this, it is interesting to examine the comment of two education advisors from INDRAP in response to questions regarding the inclusion of issues of girls' education in the new text books. Both were themselves trained teachers, and agreed that there was little time spent addressing specifically girls' issues in the new texts. Instead, one of the Education Advisors developing the textbooks stated that:

If the topic is important enough to talk about in the class, the books won't stop the teacher from talking about it. The teacher should be open-minded enough to encourage the topic in the class. Anything that contributes to the development of the child will be included in the teaching. The teachers aren't stuck or restrained by the text in the books.... It's not just the job of

the teachers [to deal with the issue of girls' education] - it's everyone who must be made aware [of the issues] and change to see the value. In the country and in rural areas, the problem continues. *

Knowing the time and physical constraints the teachers are working under, it is very difficult to believe that they would or could introduce new topics over and above those covered in their new text books, even if they had them. Instead, these comments would suggest that some of those working in the curriculum-development section of INDRAP are slightly out of touch with life in the classroom. Additionally, from this Education Advisor's perspective at least, the issue of increasing girls' education appears to be analysed more in terms of rural-urban differences than as a curriculum-development consideration.

GIRLS' EDUCATION IN THE COMMUNITY

The effects of how teachers deal with girls in school is only just beginning to be recognised. Teachers are reportedly often dismissive of girls' efforts in the classroom. Some of the comments made by head teachers who professed to be concerned with supporting girls' education indicated a less than supportive attitude:

In many cases, the girls don't like coming to school. They come because they've started, and they've started because they've been obliged; so they don't try to do their best because they want to be sent back from the school. They do it deliberately because they don't like it. They prefer being married, whereas boys like it and do their best to succeed.

It is generally recognised that girls are often treated badly in school by their teachers and male students, with teachers either ignoring girls or treating them with unreasonable harshness. In the following quotation from a teacher in rural Zinder, Miles notes that, boys and girls are subject to beatings, girls are likely to suffer more:

The kids must be thrashed to put fear into them. Without fear, they don't work....The girls are especially bad. They make mistakes on purpose because their mothers tell them if they don't study, they'll be thrown out of school and if they're out of school they can be married. And that's all they want anyway. (Miles, 1994:235-6)

The roles that older male students or teachers may have played in unwanted pregnancies are never discussed openly, but they are often hinted at. According to an Inspector of schools in Niamey, the girls - knowing that their chances of succeeding are exceedingly slim - wish they had never begun and, sooner or later, give up. She elaborated: "The girls become discouraged and, with each level they achieve, they see fewer girls around them and [eventually] stop trying."

Teachers' Perceptions of Their Role in Improving Education Opportunities for Girls

When questioned regarding their own attempts to raise awareness about the need for girls' education, the teachers' responses were varied, with two of the male teachers saying it is not part of their job, one urban female teacher said that a special group of people should be trained to do it, and another urban female teacher said that she had made attempts to talk with parents. The sex of a particular teacher clearly influences how he or she would be able to target the community for awareness-raising activities. It would be unusual, and might even be considered inappropriate, for male teachers to attempt to talk to mothers of girls in school on a one-to-one basis. Yet in the rural areas where the rates of girls' education are particularly low, those female teachers who are able to work with women are a tiny minority. The male head teacher in Village C explained why he felt unable to discuss the issue of educating girls with mothers in the village:

We don't talk with the mothers, but we try and explain to the fathers the importance of girls' schooling, through awareness raising, because we get more opportunities to be with fathers than with the mothers.

During discussions with educators it frequently became apparent that, while they had received some professional training which should have inculcated a belief in the necessity of education for **all** children, their own underlying beliefs with regard to the value of girls' education were not always substantially different from those held within the local communities. Further comments made by the teacher above indicate that his perception of the value of female education lay in producing girls who conformed to the ideal of obedient wives and daughters:

[School] can help a lot, because [the girls] learn such good manners in school. Such as how to keep children clean, healthy, how to keep house.

They learn politeness and respect and they apply all that later on because they get married early.

The role that girls' education might play in contributing to a developing economy was rarely mentioned. Aside from the ever-present reference to the job in the civil service, the macro or theoretical outcomes of increased education for girls were almost always overlooked in favour of the positive effects that education might have on their current reproductive and domestic roles within the household. In fact, only those at the national policy level provided any indication of an awareness of education's potential contribution to the nation's future development. An Inspector of schools from the MoE in Niamey emphasised the recent recognition of the issue even at the national level:

What happens if girls aren't educated: There is no development. We are now aware of it. We are putting a policy into action; working with the World Bank to develop basic education for girls. *

For the most part, the teachers in the rural areas seemed to offer little hope to girls, perhaps because they themselves had been worn down by the resistance from parents, or by their own lack of belief in the need for educated girls. In contrast, the urban-based teachers seemed more positive about the potential for girls with education, conceivably because they had witnessed more examples of successful female students. A female head teacher commented:

There is no problem [with girls staying in school]. They work very well.*

One of the female head teachers, who had herself spent some time teaching in the rural areas earlier in her teaching career, was clearly concerned with initiating change:

I think the problem has something to do with the evolution of the world today. Because now these girls, after primary school, they can't find anything to do. If we had an organisation or labour institute that welcomed them after primary school, the parents would let them keep on coming to school. And, also the people (I mean in general) who contribute to juvenile delinquency: they abuse young girls and will not leave them by themselves.

Sometimes you have girls of 12-13 years who become pregnant, then have almost no chance to go back to school. Here I think the authorities should, no they **must**, do something to stop this phenomenon. Also, the problem of unemployment does not encourage the children to stay in school. If some people finish university or professional school and then come back and stay at home without a job, their younger sister will think it is not useful for them to go to school. *

Here the teacher, identifying the same main concerns expressed in the village (explored in Chapter Ten), was also able to articulate the issues in terms of alternatives. Despite this, however, in her advice to young girls, she too emphasised the role of mother:

[T]hey will be mothers in the future, they will be able to read their child's health card, and know how to give medicine to their children when they are sick and so on. Also, if they are educated, they will be able to help their children do their school work and to guide them on moral issues. *

While this particular female teacher seemed to be the most dedicated to improving the position of girls, several of the male teachers were equally concerned with improving girls' opportunities. The head teacher from an Experimental school comments, "Every child should be educated. For me there is no difference between boys and girls."

SUMMARY

Clearly the role of the teacher in the community will be crucial in creating a movement towards supporting and encouraging girls' education. However, even with the support of the head teachers, the task of encouraging girls not only to begin school but to continue through the system is laden with challenges. Educating girls is very problematic. This chapter began by looking at the recruitment of pupils, and then investigated the situation within the school. Finally, it explored teachers' perceptions of the role that they are currently playing in the process of change. The following chapter looks at these issues from the point of

view of the community, developing an understanding of the competing interests of the groups within the community structure.

Chapter Ten

Primary Education for Girls: Schooling and Considerations

INTRODUCTION

This chapter explores the role that education plays within people's lives outside the formal school system. It includes a brief revisit to the theoretical underpinnings of the role of education, formal and non-formal, within a given societal context. The chapter deals first with education at the community level, looking at issues of expectations of success and the role that that success will play within the community. The chapter also considers the influence of gender on the expectation of success, and on the decision-making process around school attendance. It argues that, rather than being powerless, women are successfully negotiating patterns of behaviour related to school attendance which serve their labour needs. In the course of this argument, issues of sexual control, pregnancy and productive and reproductive labour are explored.

Education And Discourse

Current discourse acknowledges that, in order to be effective, education must be placed within its larger social context (Kogan, 1985; Fass, 1991; Etta, 1994; Lalonde, 1996). Statements in international documents - including the final document of the Cairo International Conference on Population and Development, the Beijing International Conference on Women and the UNICEF "Working Document for the Mid-Decade Meeting of the International Consultative Forum on Education for All" - have indicated that more emphasis should be placed not only on girls' education but also on recognising the influence of value systems on local perceptions of education and of the role of women within the community. Girls' education is particularly problematic because of the productive and reproductive constraints they face. While studies indicate that increasing education may influence levels of fertility and increase ability to contribute productively to the community (Cochrane, 1979; World Bank, 1989; Floro and Wolf, 1990; Hill and King, 1991, Gage-Brandon and Meekers, 1993), many assume that there is a labour market for women to join. Equally, many also assume that the main constraint is the limited number of school places available. More recent studies

have explored issues around curriculum content, cultural relativity of formal school success and social barriers to success (Swantz, 1990; Serpell, 1993, UNICEF, 1993; Wagner, 1993; Stromquist, 1995).

In order to explore the role that formal education plays in contributing to fertility behaviour, the analysis is developed from a gender and fertility perspective. It focuses on how individuals at the community level have reacted to and integrated formal education structures into their already existing social constructs. Clearly, the process of assessment and evaluation of educational interventions is on-going, and people continue to re-interpret and reproduce beliefs and opinions. Local individuals' interpretation of what is currently treated as "traditional" or "acceptable" within their community, along with the way those interpretations are influenced by different interest groups with, sometimes, competing interests, became central to my understanding of the values that are placed upon formal education. Exploring these issues illuminates the discrepancies between the reality of the community's response to an intervention and what the development agendas had anticipated would be their response.

PERCEPTIONS OF THE VALUE OF SCHOOLING

I have demonstrated earlier that, historically, schooling and school recruitment have been associated with fear. The earliest efforts to provide education were extremely limited, with the French colonial administration providing only the minimum schooling required to educate sufficient Nigeriens to assist in governing the country. Further, the efforts they did make to provide some form of education system were resisted. Cooper suggests that the recruitment of children into schools was locally regarded as one of many taxes:

like taxes, forced labour, and later contributions to the grain reserves, children were "taken up" [*dauka*] during specific periods of the year, and parents hid them to protect them just as they would hide their sons and daughters to keep them from being pressed into labour. The language used is similar to that used to describe how girls and women were seized by marauders in the pre-colonial period to be taken as wives or enslaved. (1992: 270-1)

When the country gained its independence in 1960, the very small corps of educated élite who had been successful in the education system and had been incorporated into the colonial government, stepped into the positions of authority (Charlick; 1991:58). Recognising fairly rapidly that they did not have an educated base on which to build, the Nigerien government was anxious to establish a system of education. In order to ensure sufficient numbers within the system, the army was sent to the villages to recruit children forcibly. Parents, thinking they would never see their children again, often sent them to hide in the bush. Two young fathers in Village D commented:

First Father: More children go to school today because of open-mindedness. Before people suffered from ignorance. Open-mindedness is brought by the change in times. Before people would run away from school.

Second Father: Our grandfathers hid our parents if someone came to recruit children for school. They used to hide the children and say they had no children.

Those students who graduated through the system and achieved a secondary level, or even university level education, were automatically guaranteed a job with the government. Today, although the ranks of the civil service have grown beyond the government's ability to utilise them effectively, much less pay their salaries, this expectation of guaranteed employment continues.

Working Towards a Job with the Civil Service

In essence, the school system is viewed as a structure which trains individuals to be civil servants, conditioned to work in an urban office setting. "Lack of success" is the most commonly cited reason for not sending girls to school, although it is frequently applied to boys as well. In the previous chapter, I discussed that defining this notion of "success" is central to understanding the lack of accord between what the education system offers and what the population views as essentially useful or beneficial for the community. The term refers neither to passing from one year to the next, nor to achieving good grades. Rather, it refers to securing a position with the civil service (and with it, the guarantee of a life-long salary) upon completion of university or professional school. Achieving success is very difficult for anyone, particularly women. In 1995, structural adjustment packages have been placing limitations upon the civil service which had, in the

past, appeared to be an infinite source of employment, regardless of the numbers of graduating students.

A young man in Village C spoke quite frankly about how past failures had resulted in a local reluctance to send children to school:

...the only reason [villagers] don't like [sending their children to school] is because most children have failed and didn't succeed. Parents don't have civil servant children to give them money at the end of every month. The mother has to sell things, the father has to work in the fields. There is no benefit.

This particular comment touches upon the dual impact of the absence of success. For that majority of children who do not pass their exams, their failure is more than personal; it also represents a failure for their parents, who, despite the fact that a position with the civil service no longer offers the financial security it once did, view their child's elimination from the school system as a lost opportunity to achieve a lifetime position. For the most part, the education system is seen as being "successful" only when the student graduates and secures the job that will take him or, rarely, her¹ out of the village.

For those in search of work, there are few opportunities for paid employment outside the civil service; generally, economic activity is based in the informal sector, with little formal private sector to speak of (Charlick, 1991: 91-2). The modern economy accounts for only three percent of the labour force (Jabara, 1991). Furthermore, in 1981, of the 64,000 wage and salary workers, over 27,000 were government employees (Toh quoted in Charlick, 1991:96). While the modern sector and the informal sector no longer parallel the urban-rural split, most Nigeriens believe that opportunities for waged employment are in the largely urban-based government offices. The Head School Inspector in Zinder commented on the need to expand the job sector: "We have to solve many problems; like job opportunities. Everybody can't find jobs in the government offices!" Those who manage to pass the school examinations continue to place their hopes for future employment almost exclusively on the civil servant positions, despite the dwindling opportunities.

¹ In an interview, Madame Eugenie Salifou, former Director of Primary School Education, stated that of the 42 840 civil servants, only 7 370 or 17 percent are women.

Over the years, the level of qualification required to secure a job with the civil service has steadily increased. As a young woman participating in the focus group in the Zongo district of Niamey commented:

[A]fter 6 years of education you can't do anything. Even after 10 years you can't get a job now. So people think that going to school is a waste of time.

Initially, completion of primary school was enough to qualify for a job with the government; however, now a professional qualification or degree is required. Now, with a stagnating job market and former sources of employment being reduced, many are interpreting the returns from basic, primary education as of diminishing value and importance.

A civil service position, in a sense, brings rewards twice over. Whilst, in the 1990s, the government has frequently been unable to pay salaries for months at a time, it can be argued that the position itself gives individuals access to a number of opportunities to increase financial security. Berry (1993:13) has argued elsewhere in Africa that

[C]ulture, power and material resources are of equal importance, acting in mutually constitutive ways to shape the course of economic and social change.

Because the Nigerien formal economy exists so much on an informal basis, connections, friendships and relationships are crucial to making the system work to personal advantage. A position in the civil service opens a great number of avenues, whether through connections to others with power and influence or through other creative means of income generation. Many people conduct some form of trade within their place of work, and favours may be traded in place of hard currency. For example, should a nurse in a health centre require a driver's license renewal, she may approach her friend in the Ministry of Transport. The friend in the Ministry will facilitate the renewal, ensuring that it is done without charge in twenty-four hours instead of costing 5,000 CFA and taking a week or two to be processed, knowing that the next time either he or a family member is ill they will be seen immediately rather than waiting in line for hours at the centre.

Generally, the salary is the most attractive element of the formal job, both for the student and the parents. During an interview, the husband of a woman who had been to primary school explained that he was not yet benefiting from his sons' education because they were still at the primary level:

To speak of benefits [of schooling], the children have to succeed and get a job. With the money they get from the job they can help their parents, themselves, their relatives.

A job with the government represents increased economic security not just for the individual but for the entire extended family, and perhaps even the village. As one man in the older men's discussion group in Niamey commented:

The first benefit [of schooling] is to succeed. If you succeed you can serve your country, you support yourself, you support your parents, your neighbours.

Underneath the initial assertion that the primary role of education is to train individuals for the civil service, however, there is a general, secondary recognition that there is some benefit if a person merely learns to read and write. An older man in the Village D focus group commented:

Even those who didn't succeed have a benefit from the little bit they got with reading and writing. They can shoo away ignorance and they have a certain open-mindedness.

This comment contrasts with the position sometimes held in Niamey, where those who fail to pass their exams are, from time to time, referred to as "school garbage" because they are often seen as unable, or unwilling, to do any work other than in offices. These comments perhaps indicate the tension between the knowledge acquired in school (which is viewed as a product of modernity and therefore useful in the modern world of formal employment), and the knowledge that is the product of the informal structures of domestic life. The following comments are from the focus group with younger women in Zongo in Niamey:

Question: Are there any problems that come with the education of children?

Yes, we do have these kinds of problems. A girl, if she's educated, she doesn't even want to clean the dishes anymore! Also, boys, do you see them, they are just sitting here on the road with their nice clothes on, drinking tea, doing the "thank-you". There is lots of work in the house to do!

"Doing the thank-you" is a phrase that I encountered only in Niamey. It refers to men who tuck their shirts into their trousers and wear a belt, instead of either wearing the more traditional loose tunic or *bou-bou* with trousers, or, in the case of wearing a more western-style shirt, leaving it untucked. Clearly it is a reference to western mannerisms and seemed to be used to tease men (usually younger men) about what was considered to be pretentious behaviour. On a more serious level, it was also a criticism of their failure to contribute to household labour needs. Often it seemed that those who have achieved a certain level of formal education, and therefore a certain familiarity with the relative comforts that the formal sector might afford, are reluctant to return to the informal way of life.

Job Opportunities Outside the Civil Service

In the rural areas, there is very little hope for work in what would be considered the formal sector, simply because it does not exist in the rural context². There may be the occasional opportunity offered by a project:

Those [boys] who get a little education resign themselves to life in Village C. Most of the time those who have a little education are chosen to run the pharmacies. And they listen to the radio, and if there is a job application they can go and sit for the test. In the future, if there are new services in Village C they'll see and choose among those who went to school.

Most of the work, however, is farming or petty commerce. Of the different groups, the younger men were most likely to comment on the utility of literacy skills in enhancing their commerce. In the following excerpt, the men were commenting on the ability of a person with three or four years of schooling to keep track of what they had spent by writing it down:

² This is in contrast to recent studies in East Africa. See Kenneth King (1996) *Jua Kali, Kenya - Change and Development in an Informal Economy, 1970 - 1995*. London: James Currey.

From this you can see that these skills are used anytime. For instance, if two people go to Nigeria - one who went to school and one who didn't. If we have 50 000 CFA to change into Nigerian currency, the one who went to school can easily change his money and count it, more than the one who didn't go to school. And the one who didn't go to school is often cheated. But there is no way to cheat the one who went to school!

This idea that a little bit of education could give a person the skills to avoid being manipulated or exploited is a theme that is taken up again later in the chapter.

In the city, there is more potential to use those literacy and language skills learned in school, and the children are often called upon to act as "conduits" between their elder relatives and the changing world. A group of older men in Zongo made the following comment, contrasting the expense of school in the city with the benefits of their children's schooling:

First Man: We are leather makers. In our work if we don't have educated children, we won't be happy. Because sometimes people come and speak in French and if our children can talk to them, the work will go easier. If we don't have our own children to do it for us, we'll have to look for someone else to do it for us....

Second Man: The problem [with education] is that we have to buy everything - paper, books, pencils - everything for the school. This is a problem because it's expensive.

In this case the men are focusing on the economic utility of the education, balancing it with the costs of the materials. Often these benefits must be weighed against issues of control and power over their children, as they struggle to maintain the authority they have earned over the years. The more negative effects of the education are worrisome for parents, but these particular parents did not feel that they outweighed the potential positive benefits.

The Role of Literacy and French Language Skills in the Community

Some of the bigger "road villages" may display a small amount of written text in the form of Coca-Cola posters and placards for government offices or projects, but beyond this, there is very little to reinforce those literacy skills acquired

in schools. Most villages, particularly those which are not on a road, will have next to no letters or words in their surroundings. As the following comments from two women in a focus group in Village Du demonstrates, the utility of literacy skills in the villages was often discussed in terms of how they would make life easier if a person went to live in the city:

First Woman: Even the girls who have been to school but didn't succeed (she pauses) if they go to the cities, they would have a much easier time because they can read all the signs and wouldn't get lost!!

Second Woman: [When] they can read and write, they can work in the cities.

Literacy skills that were gained in primary school quickly waste away due to lack of use. Of the educated women interviewed in the villages, none felt particularly secure in their ability to read anymore;

Question: Do you read anything in French now?

I can read, but barely. I can't read anything. I've forgotten to read some things. I remember the passages we used to recite.

Aisha's hesitation to label herself as literate was typical of the women we interviewed. Several women became a bit agitated when we asked if they could still read, apparently fearing that we were going to ask them to read something to us. Both Saunders (1979) and Cooper (1992) have found that, even in the district capitals of Mirriah and Maradi, women quickly lose their French skills, unless they are employed in the public sector or are married to men in French-speaking circles.

In Village C a number of women were attending literacy classes in Hausa. Two of the women we interviewed were going to these classes. Both felt that they did well in the classes because they had been to school earlier. Zaratou told us:

You use what you learned in normal school to help you in literacy class. For instance, there are some women in the class who didn't go to regular school. If they have problems writing the date, myself and others who went to school have to help them with the date. That's why, the last time I read was in literacy class. We also show them how to write on the lines.

These classes, funded by a European organisation, were being offered only to women below the age of 30 because, as the literacy instructor said, “The younger women’s heads were still soft.” Any older women who came to the classes were not turned away, but were instead invited to take on the role of “controllers” (making sure the younger women behaved properly, etc.).

French is rarely used in the villages; even local civil servants are more likely to be using their own language. Teachers, nurses or other government personnel are not always from the same area as their posting, and it is not uncommon for them to have difficulty speaking the local language of the area in which they have been placed. In these situations, French may become the default language. Fatouma, while listing the relative merits of having an education, said that her formal education helped her at the dispensary, where the health staff were all Djerma speakers:

[W]hen I go to the dispensary and try to explain in Hausa, if they don’t get it, I’ll use French and they understand better.

In the village, the ability to speak even a little French is empowering. For instance, it will enable a person to prevent people from insulting them and undermining their status. The following comment from a young man in the village is typical:

[Boys and girls should have a good education. Because a girl who has gone to school can never be insulted by her friends. If someone speaks in French, she will know what they are saying.

Speaking French may also give individuals the courage to assert themselves in situations where they feel they are at a disadvantage. Aisha, a woman from Village C, recounts her example:

[Formal education] helps me a lot in my life, and I’ll tell you why I know this. One day my mother was ill and she was evacuated to Matameye. The head nurse and his co-workers were talking in French. The head nurse took my mother’s hand and said [to his co-worker in French] “She will die in a few minutes.” I began crying with my hands on my head, and the head nurse said [in Hausa] “Why are you crying?” I said because I understood what he

said. He said "Sorry, sorry, Madame" and then he gave her a strong injection. After that, he said, "Stop crying, your mother will live." That time I thanked school very much, because if I hadn't understood French, they would have used another injection to kill her. And she recovered; they gave her a lot of medicine. From what happened then, I knew that school helped a lot.

This sense of mistrust of the civil servants in the villages is common, though it is by no means true of every village. It is difficult for government employees to build up a profound trust or friendship with the villagers because they are so often moved to another post every two to four years. The language problems contribute to what is already perceived as coolness or snobbery on the part of the civil servants who are almost always from the urban areas, and may be from different ethnic groups. The lack of integration and commitment to the community by the civil servants seemed to contribute to a wariness and, in some cases, a "them and us" mentality, along with a view by the villagers that their children were being discriminated against in the schools in favour of the civil servants' children.

Expectations of Success: Perceived Preference for Civil Servants' Children

The definition of success directly affects initial enrolment rates. It is widely understood that few children will be able to advance beyond the primary level. Year after year, parents see that, those children who have stayed in school long enough to write the Primary School Certificate exam will ultimately fail it. Few have any expectation of their children succeeding. I heard many stories from disgruntled villagers who claimed that either their children or they themselves had been cheated out of a passing grade in the primary exam, asserting that the passing grades were sold to government employees' children. When we asked a focus group of younger women why girls from the village did not seem to do very well in the primary exams, they explained that even if the child did succeed, her name would be taken from the list of those who had passed the exam and replaced with the name of a government employee's child who had failed the exam. Two women in the focus group in Village D commented:

The teachers from Village F are the ones who take their names off the list.

Question: Why would they do that?

First Woman: It's wickedness. Because they don't want them to go forward in their studies. They say that we are villagers.

Second Woman: Even in Village F, no [girl] from the village has succeeded. Of those who have succeeded, it is the daughters of the civil servants, like the police chief's daughters and the teacher's daughters. But no girl from the village has succeeded!

Whether there is any truth to these accusations, villagers believe that their children's chances of succeeding are very slim indeed.

The civil servants' children succeed because the civil servants only take care of their own children. Even if there was aid sent here, they wouldn't give it to us, they would eat it all themselves.

THE INFLUENCE OF GENDER IN EXPECTATIONS OF SUCCESS

The distinction between boys and girls is important. Memories are often selective and, despite the high failure rates, there is always a story of at least one boy from the village who has "succeeded". Whether they are teachers, nurses, policemen or customs officers, role models are available for the boys. In Village D references were frequently made to the two men from the village who had succeeded. The man who had become a nurse was particularly popular because he was seen as an important contact point in Zinder if a villager were to become ill:

The education helped the boys a lot. For example, the head who succeeded, if you are sick, he can give you an injection. For instance, if a person from Village D is evacuated to Zinder, [the nurse who comes from here] will take very good care of you.

For the girls it is different: of those few girls who succeed, most are urban. This lack of role models in rural areas is often used as further justification for not sending the girls to school. Aisha's husband explained the difference between the benefits of education for girls and boys:

Only boys advance in their schooling. No girls advance. Among our women, none of them has a job in the city or has money to help her parents and herself. In our village there has been a school for many years. The

difference is, in our village, no girl has succeeded in school; no girl has got a job with the government. But everyone knows that boys have succeeded, they have money and are helping their parents and relatives. There is no female government employee from Village C helping her parents and relatives with what she gained as a civil servant! (Aisha: b2)

In fact, those rural women who have attended school for a few years are regarded as failures and are held up as examples of the fruitlessness of schooling for girls. He also commented on his experience of being married to a woman who had been to school:

I see no difference between my educated wife and [other men's] uneducated wives. I would have seen a difference if she had succeeded and had some money from her job. At that time the money would make the difference between her and other women. Now, she does nothing. She's always just sitting there.... Her [points to his wife], no one calls her "Madame" and she's not being paid by the government!

He went on to concede that her education was helpful because it had given her the ability to read a little bit, and because she took the children to the dispensary. Nevertheless, he had decided that he would "never" send his girls to school.

Mariama stated that her husband, who had no education himself, did not comment much on her education at all:

He never asks me about [my education]. Sometimes he teases me about going to school and failing. I went to school and I don't have a job as a civil servant.

While Mariama's husband would appear to be a little more gentle than many men in the way that he voices his views about the value of her education, his attitudes seem to reinforce a negativity about female education.

Accounting for Gender Roles

Parents assume that girls who go to school, in addition to wasting their time, are exposed to "modern ways" of living. For the most part, the "modern ways" refer to the girls' behaviour and its potential effect on their fertility. Within Nigerien

society, a woman's opportunities to gain status or achieve any kind of social or economic security are limited. Perhaps most important to a woman's future social security is her ability to provide children for her husband (Saunders, 1980; Nicolas, 1975). As a girl enters puberty, her fertility must be guarded. The adolescent or pre-adolescent girl is at a difficult stage: she is too young to be trusted to behave appropriately, to keep her sexuality hidden and to avoid getting into trouble with the weak male who may fall victim to her charms (Keith, 1992). For the parents and family, the adolescent girl has the potential to bring a great deal of trouble to the family. When asked what happens when a girl gets pregnant at school, one younger man explained:

Everyone laughs at her and insults her. They call her an imbecile. It's a problem for the whole family: father, mother, grandfather. Every time they try to talk to their friends, people will say "Don't listen to them, they are stupid. They let their daughter get pregnant and she's not married!

Should she get pregnant before marriage, the girl will shame the family, be forced to have a child out of wedlock, and will have a difficult time finding a man who will marry her, thereby remaining a burden upon her family for a longer period of time. In order to avoid such difficulties, Hausa parents want their girls to be married very young. The national median age of first marriage for girls is 15.1 (Kourgueni *et al.*, 1992:65).

Flexible Interpretations of the "Norm"

Pregnancy outside of marriage is not always completely condemned. Several individuals argued that, if a particular girl succeeds in school and can use the modern ways and modern life to support her family, the "rules" on what is considered acceptable may be bent. The following comment was made by a group of older men in Village D and, while the example they use is highly unlikely, it does indicate a willingness to entertain the notion of change in women's roles, albeit under certain conditions:

It's worrying if a girl has a baby without a father and she comes back to the village. But if she's succeeding she can have 100 000 children without a father! But if she doesn't succeed, it's a shame.

These comments about allowing for success are always made in a theoretical manner. In reality, these men had never been faced with the situation of following through with their comments, because no girls have ever passed beyond the primary exam in their village. In the city, where the modern ways are more overtly practised and tolerated, the men and women were less likely to place the blame for the changes on school. The older men from Zongo made the following point:

Question: Do you ever have a problem with your children being “too educated”?

This is “zamani” - the new time, the new generation. They don’t care about their parents. They just go and drink whatever they want. They don’t listen to their parents. It doesn’t matter how far their schooling went. Even if they finished school and have a job, they don’t listen.

While able to speak of relaxing the expectations of a woman’s behaviour in the case of success, generally the practice in the village seems to be to assert authority and control at an early stage, in an attempt to avoid any opportunity for the girl to stray from the expectations of her community. In the following quotation, from the older men in Village D, evaluation of that risk is discussed further:

If the girl is not succeeding and having babies without a father [it is a problem]. But she can have her babies without the father if she is succeeding, because the job she will get later will help her support the baby without a father. But in the village it’s a shame...It’s worrying if the girl has a baby without a father and she comes back to the village!

In these theoretical discussions of “success”, the success of a girl was often seen as more likely to be beneficial for parents than that of a boy. This contrasts, to a certain extent, with the commonly expressed belief that parents are more likely to invest in boys’ education because they anticipate a higher return from the son, who will continue to be responsible for the family, than the daughter, who will be part of her husband’s family (UNICEF, 1993). The older men in Village C made the following point:

Girl’s schooling is *arzuki* [good fortune] because, of the number of Village C’s boys who have succeeded, they are now men. If there were women who had also succeeded, it would be better. Because girls think of their

parents more. For example, those women who didn't go to school and work in the village making bean cakes and oil, etc., they give their parents more than those boys who have succeeded in school and work in the city now. Everyday the woman will give her parents 100, 200, or 500CFA.

As discussed in previous chapters, some Hausa women are able to save a marginal financial reserve and, as was discussed in earlier chapters, any money they are able to raise from small-scale commerce is considered their own since, ideally, it is the husband's responsibility to feed and clothe his family. Nevertheless, perhaps because women are still assumed to have savings of their own, even though they are married, parents believe that they have some claim to it. One older man in Village C made the following comment in a focus group:

[G]irls, anything that they own belongs to her parents. But boys, when they start to have children, everything they own goes back to their children.

This comment, made during a discussion of the differences between the manner in which daughters and sons take care of their parents in their old age, indicates also that, even after women have been married, they will be held responsible for their parents' welfare. These sentiments were echoed in comments from older men in Village D:

With girls the benefit [of succeeding] is even more [than boys] because the girl takes better care of her family where the boy will put his money in alcohol and women!

Yet, despite the belief that the successful daughter would support her family more than the successful son, the discussions with men and women seemed to indicate that the chances of the girls succeeding were so slim that investment into their education rather than the boys was not viewed as sound.

Male/Female Power Roles

While fathers and mothers alike have a vested interest in getting their daughters safely married, their interests vary at different points in the girl's life. Many of the distinctions are attributable to gender roles within the community and the way that power is played out, or exercised, within those roles. While it appears initially that Hausa women have very little power in the community, it would be

wrong to assume that they are completely powerless. Often they are in a position to make the lives of those in a superior social position to them uncomfortable or troublesome.

The "Good Wife"

Previous chapters discussed how marriage for the Hausa woman, particularly in the rural areas, is the only way she can gain acceptance within the local social structures. Beyond becoming a prostitute, there is little place for a single woman within the community (Callaway, 1984). The notion that qualities such as obedience and politeness make women desirable wives was often expressed. The following is a young man's description of a good wife:

He who has a respectful girl as a wife won't be ashamed when he brings strangers home from other places. If she welcomes them nicely, it shows respect for her husband. When the husband brings visitors, she will run and get a mat and spreads it and asks him to sit down. She will run away and look for water and will go on her knees and offer it to them. And then she will run away again and look for food and give it to them on her knees. After the food is done she will come back and greet them and ask them about their families and their trip and then she will go back to her cooking and to her work.

Outwardly, it is important that a woman conform to the subservient ideal. A good wife would never criticise her husband, especially in public, for it would be a great embarrassment. (Tremearne, 1913; Smith, 1954; Nicolas, 1975; Papma, 1989; Geadah, 1992). Some women may question their husbands publicly and become the topic of gossip for their troublesome and shameful behaviour. For the most part, in order to preserve their security, many women appear to support the ideal that the husband is the authority on everything. Behind the scenes, however, in the household and in private, the situation can be different. Women are able to work at guiding or influencing their husbands, as Zeinabou's comments indicate:

[I]f there is something new, and he can't understand it, or if he does something wrong to me, I can talk to him, but not angrily - smoothly. Sometimes he listens to me, sometimes he doesn't, he refuses.

This dynamic is particularly relevant in relation to the decisions around girls' schooling. Although women are not expected to have any influence over their husbands, the potential loss of labour may be enough of a concern for mothers to attempt to influence their husbands. Frequently raising the fear of their daughter becoming pregnant while going to school, even though the fear may be largely without foundation, is one subtle yet effective way a mother may hope to influence her husband. By planting doubts and questions in her husband's mind, and by using the fear of potential shame in the future, a mother may hope to guide her husband towards a route which serves her own concerns most effectively.

Influencing School Decisions: Perceptions of the Role of the Father

When Hausa women were asked who had the power to make the decision to send a daughter to school, without fail they answered that it was the girl's father. For example:

Question: Would you send your girls to school?

First Woman: We are the ones who give birth to our girls, but it is the men (our husbands) who have control over them. As a mother, can we ask for our girls to go to school? Do we have the right to say our girls should go to school? If the father decides to send his daughter to school, no problem. But if he doesn't, we can do nothing. Even if there are some girls' names on the list, if the father agrees she can go, she can go, if he doesn't, she can't. Because we are only women, we can't come between a father and his daughter.

Second Woman: How can a woman have control of a child if the father is there?

Question: Would your husbands let the girls go to school?

First Woman: Yes, our husbands can decide to let them go. But if he decides not, we can never ask him to let them go to school. Who is a woman to enter between a father and his child? Children are their father's affair.

Second Woman: When we got married, we didn't bring the children from our father's house. We got them at our husband's house. From your parents' house he brings you to his house and you get the children there.

This quotation indicates how women and mothers speak outwardly of their husbands' relationship with their children: suggesting that they have no power to

influence decisions. Also, the quotation shows the extent to which the woman, as mother and wife, does not have any real ownership or security with regard to either material possessions or her children. She comes from her father's house, to her husband's house and has claim only to those things which she brought with her to the marriage.

This demonstration of surprise at the thought of challenging or dissenting was not uncommon. In the process of selecting villages to work in, we discovered that in the village next to Village C, a village of more than 400, no one, male or female, had ever gone to school, although the school in Village C was only 3 km away. We visited the village and asked a group of older women:

Question: What would happen if you made up your mind one day to send your daughters to school in Village C?

First Woman: EEEE! A married woman? It's the husband's decision, or the village chief.

Second Woman: Ah, no, we are married so we would have to have permission from our husbands [to send our daughters to school].

As we got to know the women better, and established a rapport with a few in particular, it became clear that the relationship between husband and wife was not as straightforward as the groups of women had indicated. Rather than passively accepting their husbands' decision not to send their girls to school, it would appear that the mothers are actually quietly working to reinforce this decision by highlighting the risk of pregnancy. In reality, mothers seemed to prefer having the girls stay home and labour both inside and outside the home. The male literacy instructor in the village, who was a proponent of sending girls to school, felt that fathers should be more active in sending their girls to school:

Some women don't listen to their husbands, and if they decide [not to let the girls go to school], the husband can't do anything. If he was a good father, and if the mother decided that the girl shouldn't go to school, he should say "No, she should go to school." He would say; "Okay, so you want her to get married, but even when she's old enough [to get married], I want her to stay in school." The husband can even say "As you are behaving like this towards my daughter, you can go back to your father's house." If the fathers said these types of things, we wouldn't have a problem. The

weakness is theirs, the men's. If they allow their women to be stronger than them...)

However, the following comments made in a focus group discussion with the older men in Village D imply that their passivity was perhaps a recognition of the mothers' labour needs:

Question: Why do girls go to Koranic school for a shorter period of time than boys?

First Man: Because of the way the village works. Every mother needs her daughter to help her in the different housework. And at a certain age they get married. We can see the mothers making her work, looking for water and wood. They need their daughters' help.

Second Man: Maybe in the city it is easier; the mothers send their daughters to Koranic school because it's easier. But in the village the girls help to find and prepare food. So it's not easy to send them.

The manner in which the points are made also implies that it is assumed that life is both more difficult in the village and that the mothers' strategy of keeping their daughters at home was not unreasonable. While these particular comments were made in response to a question about Koranic schools, the same types of comments were also made in relation to primary school. What is crucial is that the men are saying that it is the mothers who make the decision to send or not send their daughters to school.

In contrast, is a comment from a young man from the focus group:

[Boys go to school for a longer period of time than girls.] The reason is because the girls are married sooner than boys.

Hence, the crucial difference in this example has to do with the girl's age. While fathers are more likely to take a passive role when the girl is young, it is quite likely that they will take a more proactive role when the girl reaches puberty because the fear of pregnancy is much more immediate. The comment also highlights one of the factors militating against allowing a girl to begin school at all: the belief that once she has begun school, she cannot be taken out until she has either failed, or she continues until she has completed. Merritt (1995) found in her survey that

parents often talked in terms of the schooling “holding” their daughters or, when the daughters has failed, of the daughter being “freed”. The older women in Village D echo these observations, commenting:

We are happy if the girls succeed. But we are unhappy if they don't succeed. That's why, most of the time, we want them with us, because after a certain level at primary school they fail. Our unhappiness is that we cannot marry our girls and we know that they are not succeeding.

While parents are divided on when and whether the daughter should start school, it seems that they are united on the belief that she should be married when she reaches puberty.

THE MOTHER'S PERSPECTIVE

Given that a girl's mother is often perceived to be the more powerful influence in the decisions around schooling, it is useful to consider the factors influencing their decisions. Tietjen (1991:8) has attempted to depict the factors in parents' decision-making process, stating:

The parents' decision to invest in schooling for their children is a complex - albeit informal - calculation of the private rate of return.

Identifying macro-level, supply (or school) and demand (or household) as the three main factors affecting girls' participation in school, she goes on to note that, unsurprisingly, the discussion over such models splits over which factors are the most important. While El-Sanabary (1989), Abraha *et al.* (1991) and Tilak (1989) argue that accessibility and achievement have the greatest impact, both Long (1990) and Stromquist (in Haddad, 1990) have argued that household factors are more influential in determining participation.

Linear decision-making models are often problematic. It is important to recognise that decisions are made under variable conditions and, while a certain decision may be made on one occasion, the variables upon which that decision is made are dynamic: what is said as absolute truth in one situation may cease to be important in another. Further, decision-making models often falsely imply that all decisions are thought-out and made consciously. In fact, most decisions are the

result of a subconscious and subtle analysis of the situation which is ongoing. Frequently, patterns of decision-making are formed and become almost passive or default decisions. Those decisions which go against the default decision or are initiating some sort of movement away from the trend are more likely to be conscious and are, at the same time, more rare.

Underpinning the manner in which a mother may (consciously or sub-consciously) consider the issues surrounding her daughter's schooling is the role of the female in the community, male-female power structures, sexual division of labour, historical perspectives on failure and success of girls in school, and the woman's ability to manage an argument or justification for her decision within the constraints of her position in the community. The following sections explore these issues from the perspectives of the mothers we interviewed.

Preventing School Attendance

The following is an excerpt from an interview with Zeinabou, a 37-year-old pregnant mother of nine children, who had had seven years of formal education.

Question: Who decided that the girls couldn't go and the boys could?

We the mothers say "No, our girls won't go to school."...when they wanted to [recruit my daughter], I said "No, she shouldn't go to school." He (the girl's father) said "No, she should go." I said "No, she shouldn't go" and then he agreed and resigned himself to it and let it go....It's not worth [sending her to school], because no one succeeds anyway.

Zeinabou, perhaps because she is older and has the prestige of having had many children, voices her opinions more strongly than the younger mothers. While her comments may conflict with some of what other mothers said earlier about the fathers controlling their daughters, Zeinabou has nothing to lose by speaking her mind about her feelings and may be expressing what many mothers think, but do not have the security to act on. It is interesting that she notes that her husband backed down fairly quickly from his belief that their daughter should go to school, and that it is not just her, but mothers in general who have decided school is not for girls. This is not particularly surprising, in light of the fact that is the mother, not the father, who will feel the loss of the girls' labour in the household.

What is Useful Knowledge?

Serpell (1993:1-2) has argued that the introduction of schooling into a system of knowledge dissemination increases the complexity of what is already quite a complicated information network.

Responsibility for the care and upbringing of the child is generally first entrusted to her mother and then gradually extended to a widening circle of people who make up the family and community. These care-givers share both a physical environment and a cultural system of meanings and practices and institutions... When institutionalised schooling is added as a component of this niche, the relationship between cultural characteristics and those socialisation practices in the children's family and community environment becomes an issue of considerable complexity.

Many of the mothers seemed to have assessed the situation, taking into account both the cultural and institutional factors, and were taking action to ensure that their daughters would receive the skills and knowledge that they were most likely to need to thrive in their environment. While expanding on why she didn't want her daughters to go to school, Zeinabou explained how children are raised by their mother, and outlined what skills were considered important for a girl to have:

It's the mother [who raises the children]. Because the mother lives night and day with the children. The mother teaches them to be good people. She teaches them how to have the benefit of a good life within the community. And where is the father? Most of the time he is absent, from sunrise to sunset. He is usually busy looking for the food that we will eat. Mothers teach everything to the children. The mother is the pillar.

Question: Is a girl's upbringing different than a boy's?

Yes, it's different. Girls are living in the house, the mother teaches them how to be clean, how to keep house, how to cook, how to sweep, how to keep her body clean. That's the girls. For the boys, someday they will be responsible for going and looking for food. They must get used to suffering - they must go and learn themselves.

Zeinabou had decided that success in formal schooling and the skills needed for domestic life were not necessarily linked. The quotation also highlights the distinction between the education of girls, which is done under supervision, and that

of boys who are expected to get on with their education in a far more independent manner.

Interestingly, however, one of the most common benefits attributed to formal education was that it would enable women to be more hygienic. Many of the comments from both men and women seemed to support this. Zaratou, a woman with seven years of education, was one of the few contradicting this belief:

Today there is no difference between the women who went to school and the one who didn't. The world is not the same as it used to be. Today all the world has changed. It's not necessary to go to school to learn how to be a good wife. All the dirtiness people used to have, they have packed it and thrown it away. It has been replaced with cleanliness. Now people are cleaner. The dirtiness that used to be with people is not visible today. You see it only a little bit.

Question: Why have these changes happened?

People understand everything now. The world has changed. People understand how things are going today.

Question: But how?

People understand that being dirty is not a good thing. They understand that many diseases are caused by dirtiness.

Question: How do you know this now?

Today heads are opened [we are more aware]. Today we have a dispensary in our village.

This comment highlights, once again, that tension which exists between modernity and the perception of what was traditional.

The absence of a connection between the "intelligence" required for school and the "life skills" required outside school was illuminated further when we explored the issue of success in school. It seemed that the "intelligence" required for success in school was associated with memorisation:

First Woman: It is not that success is kept from them, it's lack of knowledge. It's because God gives them dark heads! [makes them unintelligent]

Second Woman: If you go to school you learn something, you come home, you forget it. The next day you go back to school, you cannot learn the

same thing all over again! If God doesn't give you the intelligence to remember, what can you do?

Most of the mothers who had been to school told us that, while they could not read, they could still recite the alphabet, count or recite a poem. It is not surprising that the parents fix on memorisation skills as a marker for intelligence because the school itself seems to rely heavily on reciting and memorisation. In one of the visits we made to a village school, we sat next to a classful of primary students who were learning to add. Most of the lesson was taken up with chanting "One stick. One stick. I add one stick."

Kadija, an 18-year-old mother with two children and seven years of education, explains how success is measured in primary schools:

I used to go [to school] everyday. The teacher taught. He gave us the notebook and he wrote on the board. We wrote that in our book. The next day when the teacher came, he asked questions. If you study hard you can answer, but if you don't, you can't. If you didn't take the time to do it, you can't answer.

Her description of Koranic school is remarkably similar:

With the Koranic school there are some stages. You have your slate, if the marabout judges that you have memorised it, he takes the slate and makes you recite it by heart. If you do it well, he asks you to wash it and he will give you a paper and pen and asks you to write it. If you write it, he'll give you a new section of the Koran to memorise (*izifi*). So little by little you will memorise all of the Koran, and then you will know everything.

Intelligence and the Desire to Pass

Kadija, who at 18 was quite a bit younger than some of the other mothers interviewed, observed that girls were not so much lacking in intelligence as more interested in getting married.

[B]oys did better in school than girls. Girls withdrew because village girls are more interested in marriage than boys.... Even if the teacher asks them

to do something, they are impolite and they don't work hard.... They fail because they don't like it. Really, it's not that they don't like to study, it's their impudence and their rudeness that stops them from going farther. Here in primary school they do well. But when they go to Matameye they change. If they go to Matameye, instead of advancing, they regress. They follow men and their studies waste away. Those who are younger than them watch them and will do the same.

Her observations of the girls' desire to "follow men" once they go to the secondary school in the Matameye (the district capital), should be placed next to the frequency with which the mothers declare that they fear the daughters getting pregnant. It is worth considering further which aspect of the relationship takes precedence. Specifically, do the girls follow men because their mothers have led them to believe that is what girls do? Or, have the mothers become afraid of girls following men because they have seen girls become pregnant as a result of such behaviour? I would speculate that one feeds the other: girls have been taught that their best chance for long-term security is to marry a rich man; and the mothers, who are the main proponents of this argument, are also aware of the risks of girls naively being manipulated by the men.

As was discussed in earlier chapters, when girls reach puberty, they are subtly encouraged to begin to prepare themselves for marriage and it is at this point that mothers allow men to court their daughters. If the girl is in school, however, she may view the process with alarm, thinking that, because the girl is in school and cannot get married, the couple may get ahead of themselves and begin sexual relations without the marriage. Complicating the matter is a belief that those girls who do go to school are more likely to have developed a hunger for the gifts and may be more willing to sacrifice their morality for the possessions. (These issues are further explored below.)

The conflict between girls' chores and their need to study to reinforce learning was recognised by a few mothers, most notably those who had been to school themselves. Both Aisha and Zaratou (who both had seven years of education) spoke of how they had suffered to study while other children their age had been able to relax. Although they had studied, however, they failed. This seemed to make them even more determined that school was not an option for their girls. The following quotation from Zaratou, a 33-year-old mother of seven

children, demonstrates the conflicts inherent in her assessment of the value of education: she still concedes that education can be beneficial for girls, but her immediate labour needs and the history of her own attempts and subsequent failure at school have limited her expectations of success in school for her own daughters. After earlier declaring that none of her girls had gone to school, she went on to say:

Education [for girls] is a good thing. You can support yourself and your family if God helps you to succeed.

Question: If she doesn't succeed...?

If she fails, there is no benefit.

Question: But you went to school, you have benefits.

When they fail there is no difference between those who went to school and those who never went to school. There is no benefit.

Question: None?

We suffered only, there is no benefit.

Question: If a girl doesn't go to school, what does she do in the daytime?

They help their mothers with work such as pounding, fetching water at the well, and they help us with selling things. [If they are in school] they can study, but if their mothers have work for them, they only study at night.

Skills acquired in school are consistently associated with jobs in the formal sector - jobs that exist outside of the village and its lifestyle. Merritt (1995) has talked about the "others" associated with the formal school system, to the extent that even the school structure, with its cement walls, is inconsistent with the *banco* and *tige* walls and fences of the village. For the mothers, the products and by-products of the school process are apparently currently being categorised as part of a system which exists outside their own lifestyle and are therefore inconsistent with their assessment of what is valuable as skills and knowledge.

Building the Pregnancy Argument

Zaratou commented on the fear that a daughter will become pregnant before marriage:

Today you can see the girl taking something stronger than her and stronger than her parents.

Question: What is that thing?

Pregnancy!

Question: Is that something parents should worry about?

Yes! Mothers should fear it because it is a very bad thing to have a pregnant daughter who has not been married. It's big trouble. (Zara: b2)

In order to ensure that the girls stay at home, mothers are using the argument that their husbands will listen to: the fear of pregnancy and shame. The fact that in Village Du and Village C people were hard-pressed to provide examples of girls who had come back from school pregnant suggests that the weight placed upon that threat is disproportionate. Fatouma, the only woman to have gone to school in her natal village, talked about the risk of pregnancy:

Question: Are there any women from this school [in Village Du] who went to school and got pregnant?

When we went, it never happened.

Question: Why does the community worry so much about it?

They hear about it all over the country, they travel and see it happen at some other place.

On this topic, one young man from Village C said:

Parents should understand that everything belongs to God. A girl can go to school and get pregnant, or she can stay at home and get pregnant. For example, there are surrounding villages where there are no schools and girls get pregnant. Pregnancy is something sent by God.... I have something to tell you. God is very extremely patient. Sometimes things happen that God didn't do, but people blame him. I remember when I was at school, my classmates - the girls - were very smart. But when the teacher asked them to write an answer to a question, they would write the wrong answer because they didn't want to be in school, they wanted to be married. Now what does God have to do with that? They didn't write the correct answer because they wanted to be married.

One of the main problems with primary education is that it not only "holds" girls in school until they are 14, but it also exposes them to increased risk. If the girls have actually started school, the parents - when they see that their daughters are getting near puberty - will try to get them out. A young man from Village D explains:

Even if the girl is brilliant, the parents go and beg the teacher to allow the girl to be married. If the teacher agrees she can be married. But if he refuses, she continues in her studies.... Sometimes there are teachers who say no, but unfortunately the girls do not succeed anyway. Most of the time they fail the primary exam.

While attending school, the girls will be spending a great deal of time around boys who could take advantage of them, and, perhaps more threatening, the girls will be under the responsibility of a male teacher who might also take advantage of his position of authority. Female teachers in a rural village are rare, and are often themselves not in a position of power. The girls are simultaneously learning modern ideas that conflict with the local belief system. Where every village has a story of a boy who has succeeded, they also have a story of a girl who has come back from school pregnant. The following excerpt from an interview with a woman who went to primary school demonstrates that, although the basic benefits of reading and writing are recognised, and despite the fact that there have been few, if any, cases of pregnancy in the village, the risk continues to be too much for the parents, specifically the mothers, to take:

School helps a lot because the girls know how to read and write and count. They can read their letters themselves, and no one can know their secrets. Primary school gives them good manners... At school you learn to analyse the situation and decide if it is good or bad.

Question: If school does all these things, why don't you want your daughters to go to school?

(She laughs) Yes, I know. I recognise that school has its benefits. School didn't harm me at all! But the fact is, I didn't get any school success, and I have never seen another woman from this village who has succeeded. We *can't* send our girls to school - no woman has ever succeeded - *we can't!*

Question: Who or what says you can't?

We mothers decided that our girls shouldn't go to school....

Question: If your sons don't pass, is that a failure as well?

It's a failure for boys, but it's more of a failure for girls because they grow older and become pregnant. And yourself, you know that being pregnant without being married is a very bad thing. As for boys, everything is easier, because even if they fail they help their fathers in the farms and gardens.

They are used to it; they do it in the three-month vacations. So if they fail, it's no problem.

The longer the girl stays in school, the more she is perceived to be at risk. This man from Village C observes that at the same time the girls attending school are beginning to become more interested in marriage, they are also getting into risky situations outside the school.

[Our class] was together since the second class. At that time [the girls] were young and studied hard. But when they reach the fourth and fifth year, and they begin to get money from men, so they want to be married. By the time they grow older, they know that if they sell things, people will buy. The time they start to sell things [is when] the trouble starts.

The "trouble" he is referring to is the selling of sexual favours for cash, or gifts such as jewellery and clothes, and promises of marriage.

Most parents are planning to get their daughters married about the time the girls should be writing their primary-school exams. Those who have managed to stay in school until that stage are strongly discouraged from passing the exam. Students are allowed to attempt the primary exam twice. In most cases children attempt first at the age of 12 or 13, and then again at 13 or 14. These primary exam years are a crucial turning-point not just because of the age of the girls, but also because success at this level most often means that the girl will have to move away to the district capital of Matameye to continue in school. She will be away from the watchful protection of those who care for her, perhaps living with strangers, being exposed to even more modern ideas and at a greater risk of getting pregnant.

Fatouma, who was the last girl in her village to attend school in Village F, had a mother who went against the trend by sending her daughter to school:

Question: Was there a decision in the village to say "We are not sending the girls to school anymore"?

It happened gradually. Some people told my mother when she sent me [to school] "How can you let her go?" So, bit by bit, people stopped sending their girls.

Despite her mother's belief that school would do her no harm, ultimately Fatouma proved that it was a waste of time because she failed. In the end she was the final justification for not sending any more girls to school.

Female Schooling as a Hardship to the Mother

The mothers' interest in keeping their daughters at home are understood more clearly when the household labour situation is considered. Women in rural Niger work from dawn until dusk all year round. In the words of one woman from the village of Village D; " [W]omen work all the time. They work all year long. A day doesn't exist where they don't work." The work is physical, unrelenting, and often a woman's only relief from the workload comes in the form of her daughter. While boys may begin to help their fathers with watering animals or gathering fodder, the girls begin at a very early age to take care of younger siblings, gather wood, pull water, and pound millet. The literacy instructor from Village C (who was a male) explained that "for a woman, not having a girl in the house to help her with the difficult jobs such as pounding, fetching water, sweeping...it's very hard for them." If a girl begins school at the age of seven and remains until she is 14, her mother's life is much more difficult.

In addition to the great deal of labour girls contribute, women also rely on their daughters to sell small goods to raise what little amount of cash they can call their own. Because most Hausa women are forbidden to sell in the market, and some are secluded to varying degrees, it is the young girls who provide an essential economic link for the mothers. The money is turned directly into the household, buying supplementary food, or is used to buy pots and household goods for the girl's future marriage. The girls typically begin hawking goods for their mothers around the age of seven - the age they should be beginning to go to school.

Sex, Shame, Money and Mothers

In the course of hawking goods for their mothers, however older girls are exposed to the same risk of pregnancy as they would be at school, if not more. The girls quickly become adept at selling the goods, and often if a man is attracted to the girl he will give her extra money. Mothers who send their daughters out with 500 CFA worth of foodstuffs to sell and find them coming back with 1000 or 1500 CFA know what is happening. A young unmarried man elaborates from his perspective:

The mother of the girl [who gets pregnant] is the one who gets the blame because they give things to their daughter to sell. For instance they give 500 CFA of stuff to sell and the girl comes back with 1000 CFA. The mother doesn't ask where all the money came from; she's happy that she's brought home lots of money. The mother should ask; "How come she sells for 1000 when it's only worth 500?" But most don't ask, they take the money and keep quiet.

The extra 500 they get from men. Everyday she comes [to sell]. One day he gives her 500, next day 1000 and little by little she will accept and have sex with him. [The girls] start having sex when they've been given lots of money because if the men ask for their money back, [the amount has become] so much that the girls can't pay it back; the men demand sex. In today's life, if a girl shows that she likes money and material things, today's man will do anything to have the money to give her to have sex. If there is something the girl cannot afford, the man will have the money ready for it and then he can have sex with her.

[When girls get pregnant] they refuse to name the father and they have contempt for their mothers, because since they were young, they never took into account what their mothers told them. So when they are grown they think they know more than their mother. Also because the mother has been asking for the money all the time knowing what was going on.

Some mothers will scold or beat their daughters for fear that they have exchanged sex for money. Halima, my research assistant, told a story of her mother beating her and threatening to put chillies in her vagina one day when, as a ten-year-old, she found 200 CFA and brought it home. Other mothers, who are perhaps more economically disadvantaged, may chose to turn a blind eye to the source of the extra money. After several incidents of girls reportedly "getting into trouble" with older men, the *sous-préfet* had recently visited Village C and warned older men to stay away from school-age girls. It seemed that not all mothers were happy with the *sous-préfet's* warning:

Women are mothers. Some understood [his warning] and got the point. But others who didn't get it shout, scold and scream that their daughters are being prevented from having money.

The girls may be confused by the mixed messages they receive. In the same way that they are easy prey for the teachers in school because they are socialised to respect men and particularly older men, they may also be easy victims for older men on the streets at night. At the same time, they are being brought up to believe that their way to security in the long term will be to marry a rich man. By receiving attention and gifts from men, the girls probably believe that they are building up a relationship that will hopefully lead to marriage.

Sexual Control

Issues of sexual control were often raised in the context of adolescent girls. Women are often seen as possessing a powerful sexuality which men have difficulty resisting. This sexuality is “managed” by marrying girls young, before they have a chance to get into trouble, and by enforcing a degree of modesty. It is, however, a very strong force, so strong in fact that even in the safe setting of a Koranic school it could cause problems:

Question: Why can't girls go to Koranic school after they are married?

First Woman: Because if you are married and you go to Koranic school, sitting and learning with a marabout, if your husband sees you sitting next to another man, he will think that you are having sex. They will fight with each other until one kills the other. So, we can continue to study the Koran with our husbands, if they are marabouts, or if they went to Koranic school and can teach us.

Second Woman: To avoid such trouble, the best thing to do is for the woman to stay in her house. If the husband can teach her, good. If he cannot, she stays in ignorance.

For those girls who do go to school until they reach puberty, this strong sexuality becomes associated with the negative influences of modernity and an increasing desire for expensive things and possessions. Kadija's husband, who himself had never been to school, elaborates on the loss of control over girls who go to school:

There are many girls who, when coming back from school, instead of going straight home, they hang around on the street and are loose. Those few who go straight home are those who respect their parents. Others, there is nothing you can do with them, even if you are their fathers.

While this comment highlights the fear of losing control of the girls' sexuality or discipline, it also hints at the idea that the modern school is responsible for this breakdown in discipline. In Village C, the opinions of the young men differed regarding the influence of school on girls:

First Man: They start to wear mini-skirts and look for things [gifts from men].

Second Man: No, that's not school, it's the times. You can see girls who have never been to school who wear mini-skirts. So it's not school. This is not a good reason for not sending your girls to school.³

The Marriage Market and Schooling

Ironically, although parents worry about their daughters' reputations, and quite clearly do not value the content of the curriculum, young men seem to be beginning to think differently. After hearing so much from the mothers about how education negatively affected their daughters' opportunities, we conducted a mini-survey of what younger men were looking for in a wife; at least five men were interviewed in each village and in Niamey. When asked what they considered desirable qualities in a wife, many young men stated that they thought a few years of education were a good thing. One young man said:

Girls who have been to school get married more easily. It helps a lot if men know that a girl has been to school. They will rush to her door because everyone wants her as a wife.

Question: Even if she has failed her exams?

Yes...Because educated girls are clean. They take care of themselves.

One young man said that he believed that "a woman who has been to school has a voice which soothes her husband". Women who have not been to school, on the other hand, are perceived as dirtier, less well behaved and less likely to use the health centres. The husband of Kadija felt that education vastly improved a woman's attractiveness:

Question: Does having education improve a woman's marriage prospects?

³ It should be noted here that the use of the term "mini-skirt" refers more to western-styled skirts than to what we would consider mini-skirts. Of those skirts that are of a western style, aside from those worn by a few women in night-clubs in Niamey, all of them are well below the knee.

Yes, very much. If a girl went to school, men rush to marry her. And those who didn't go to school, ah, no one wants them. They rush to [the educated girl] because those who went to school can reflect more and they are calm. They are more intelligent than those who didn't go to school. For example, if you try to talk to a woman who didn't go to school, they will insult or belittle you. The one who went to school won't insult you because she's intelligent and she knows how to talk to people.

The Koranic school was not considered to have the same effect as primary school. While most boys and girls have gone to Koranic schools at least long enough to learn how to pray, young men seemed to think that Koranic school did not change the overall desirability of girls:

[The girl who goes to Koranic school] has no problems. But the girl who goes to primary school is more civilised than the one who only went to Koranic school. Among the girls, the ones that went to Koranic school, it's not her concern to be clean, because when she goes to Koranic school the marabout won't scold her and tell her to go back home and take a bath. But the one who went to primary school, every morning before going to school, she takes a bath. She can't go without taking a bath. If she goes to school dirty, the teacher will ask her, "Why do you come to school dirty?"⁴

It is important to note, however, that at least for their first marriage⁵, young men and women have very little say in whom or when they marry. Ultimately, the parents and extended families make the decision.

In contrast to the opinions of the younger men were those of older men married to women who had been educated for several years. While they conceded that their wives were more hygienic and generally managed to have healthier children, they still clearly felt that the time in school had been a waste of effort. In discussions with older men in Niamey, religion was more likely to be invoked as having a direct influence on decisions, but comments from their focus group closely echoed the opinions voiced in the villages:

⁴It would appear that the ablutions that are required before praying do not figure in this discussion of the notion of "cleanliness" or "hygiene".

⁵ The Kourgueni *et al.* state that 23 percent of women between the ages of 20 and 24 have been married at least twice, and by the time they reach the 45-49 age group, 42 percent have been married at least twice. This would indicate that, for many women, their first marriage is unlikely to be their only marriage.

We don't want our girls to be away in school. We want them to get married early. But boys can go as far in school as they want.

Question: Why do you want your daughters to be married early?

It's because of our religion. We are Muslim. We want our girls to be pure before getting married. We don't want them to be spoiled [get pregnant].... If they stay in school they will grow old and it will be hard to find them husbands.

Most of these men stated that, when their daughters were old enough to go to school, they would not be sending them.

Influence of Primary School on Manners/Conformity to Roles

It is not clear whether or not the suggestion in the development discourse that education will enable women to play a bigger role in household decision-making is played out in the Nigerien context. Education is presented in many of the World Bank documents as affecting women's and girls' autonomy in one of three general ways. First, and most optimistically, it may liberate a woman from the gender-related constraints of her community, providing her with the independence and know-how to pursue family and career goals. Secondly, it may liberate her intellectually, allowing her to develop her skills of analysis and utilise them for the benefit of her and her family, while she remains within the constraining structures of her community. Finally, the education system may reinforce behaviours that restrict or control a woman, obliging her to conform to "respectable" manners or behaviour that prevent her from pursuing a more equitable position in the community.

Discussions with men and women in the study indicated that the positive influence of the Nigerien education system was often expressed in terms of its effect of reinforcing conformity - as suggested in the following excerpt from an interview with Kadija:

Question: Does your education help you to make decisions in your family?

I cannot decide anything if my husband is there. I can think of the decision in my head, but I cannot open my mouth and speak it. The husband must make the decisions.

Question: Do you think going to school helped to make you a better wife?

Yes, because everything he tells me, I do. If he asks me to do something, I do it.

Kadija's comments indicate that while she is able to think situations through in her head, and perhaps put her decisions into practice if her husband is not there, she must at the same time appear to be completely obedient. Her husband, in a separate interview, confirmed what Kadija said:

My wife is obedient. If I ask for something, she does it on the spot. But those who didn't go to school, they argue about it. She's more obedient!

While primary school may be associated with giving both and boys *labadi* - politeness and good manners - it may also be associated with the riskier aspects attributed to modernity. Children with some schooling may feel that, with the understanding of the "modern world" gained through their education, they are no longer obliged to conform to local norms of respect and behaviour. From parents' perspective, this potential rejection of local, conservative norms is particularly threatening in relation to their daughters. Those inherently problematic attitudes and beliefs acquired through the schooling process, whether from the formal curriculum or from the informal lessons learned within the micro-social structures of the school, are similarly weighed up in parents' utilitarian assessment of the value of schooling for their daughters. In addition to problems of lost labour, wasted time, and the risk of sexual promiscuity, the negative aspects associated with school may result in the perception that the girls who go to school come to feel that they are too knowledgeable for their own good. Comments from older men in Zongo indicate fears that a woman who knows more than her husband can be troublesome:

Those who didn't go to school make better wives. Those who did go to school don't make good wives because of their education. Because a woman who went to school thinks she is important because of her knowledge, because she speaks French and she doesn't listen to her husband. The women who didn't go to school, don't know anything. They just have to follow their husbands and do what he says.

The men went on to concede that women who were not educated could also be difficult. Some also felt that the educated woman probably took better care of their

children, while others felt health was "in the hands of God; it doesn't matter if the woman went to school or not."

SUMMARY

Clearly, the issue of education for girls is complex. The dominant means of assessing the value of education appears to be cost-benefit oriented. In the past, parents, mothers in particular, have weighed the potential income that could result from a successful education against the risks of pregnancy, lost labour, and potential local/modern culture clashes. The very poor results of girls' education, historically, have led many parents to believe that the negative aspects of the schooling process, combined with the slim chance that the girl will actually perform well in the education system, outweigh the potential gains. In light of the interpretation of changing values associated with the influence of modernity, parents remain unconvinced by the potential positive gains schooling may have to offer their daughters. In many cases, girls are simply not given the chance even to begin school.

The pervasive belief that education is an all-or-nothing affair, that success means securing a job and all else is failure, has prevented many parents from acknowledging the value of the reading and writing skills their girls may acquire in the primary school system. Gendered expectations of success allow that boys may have some chance of performing well in school and are therefore given the opportunity to begin. Parents know that if the boys do succeed, they will be able to move on to the secondary school in the more urban areas with relatively little fears for their safety. If, and when, the boys fail to continue in the system their experiences will have done them no harm, and any literacy or numeracy skills acquired may assist them in later life.

By comparison, women and girls are placed in positions of social and intellectual inferiority to their male counterparts and any belief in the ability of the educational process to provide females with skills that are of use in the community is undermined. Because they are expected to fail, and because the schooling system continues to represent primarily negative opportunities for girls, their opportunities continue to be curtailed. Perhaps, ironically, older females seem to undermine girls' academic opportunities as much, if not more, than any other group. In attempting to maintain the best position within the space allocated to them in the gender and power hierarchy, women need their daughters' labour and require that

they conform to the local behavioural expectations which marginalise the female social position in favour of the male. In attempting to achieve the greatest personal security and security for their families in the short term, efforts on the part of mothers and fathers (although more implicitly) to prevent girls from going to school continue to reinforce the constraints on female opportunities within the socio-cultural structure.

Chapter Eleven

Summary and Conclusions: Addressing the Wider Issues

SUMMARY

This study has examined the relationship between education and fertility from two, interconnected, perspectives. First, it addressed the question of the social relations affecting attitudes towards girls' schooling and fertility. Secondly, recognising the absence of a nuanced socio-cultural understanding of these micro-level attitudes, it observed the passage of education policies and family planning policies from macro-level, to the national policy-making structures and, finally, to the local, micro-level. Using the example of Niger as the local context into which the policies were introduced, the study traced the initiatives from formulation to implementation, identifying the points at which the links in the chain of influence and communication were weak or, at times, non-existent.

The purpose of this particular line of inquiry has been to re-visit the relationship between fertility and girls' schooling as it has been portrayed in the literature and then to place it in the local context. Niger provides a particularly interesting locale for the research because family planning programmes have only recently been introduced to the country, and because health and education services are limited to such a large extent by the poor national infrastructure and lack of resources. In this context, the incongruity between the declarations and frameworks of action that have been formulated at the macro-level international conferences (and signed by the Nigerien government) and the micro-level reality of limited resources, weak administrative structures and socio-cultural factors is thrown into stark contrast. Given the findings of this study, an opportunity for critical analysis of the wider issues affecting girls schooling and fertility is created.

Exploring the Micro-level Findings

While the relationship is often portrayed as direct and causal in the literature, I acknowledge that the complexity of the relationship between girls' schooling and their fertility is such that deep understanding of the issues involved remains elusive. Looking at the example of Hausa communities in Niger, the study set out to begin to illuminate some of the socio-cultural factors influencing attitudes

towards family planning and towards education for girls. Ultimately, the findings did not indicate that a link between increasing education and decreasing female fertility is perceived, or indeed is apparent, at the micro-level. Rather, it indicated that girls' schooling is often viewed as inappropriate for girls who are expected to marry young and who derive few obvious benefits from the experience. Further, for boys and girls alike, the benefits of schooling were limited to the anachronistic hope that a child would "succeed" in the school system and achieve a life-time position in the civil service. Anything short of achieving this goal was viewed as failure and, while parents felt they had nothing to lose by sending their boys to school, few expressed the belief that the literacy and numeracy skills the girls might acquire in school would be beneficial for them.

Girls' performance in school has been very weak in the past, and there are few examples of female successes, particularly in the rural areas. The risks of schooling for girls were often cited - potential pre-marital pregnancy, the loss of respect towards parents and local ways - and it seemed that, for the most part, the risks continue to out-weigh any potential benefits. Parents, mothers in particular, prefer to utilise their daughters' labour in the household while at the same time protecting the girls' virginity, reputation and, consequently, their future marriage potential.

Attempts to introduce family planning programmes have also been received with a great deal of scepticism. Rather than demonstrating a desire to reduce the overall numbers of children they give birth to, women appear to be more concerned about their ability to continue to produce large families. The desire, on the part of women and men, for large families is, in part, the result of a desire to ensure their future security via their children. High levels of child and infant mortality have, in the past, indicated to parents the likelihood of losing a child - national statistics support this belief, indicating that one child in three die before their fifth birth day. In order to be confident that they will have at least one child survive childhood and who will be able to support them in the future, parents feel they must improve the odds in their favour by having many children.

Further, aside from demonstrating their fertility by producing many children, women have few means of achieving status in their community and in their immediate household. Hence, efforts to reduce or impede their ability to conceive have often been perceived as a threat to their security within the local power

structures. Family planning IEC efforts have failed to establish significant levels of contraceptive adoption and, in some cases, there are indications of increasing levels of resistance to it. Women and men are well versed in local methods of birth spacing which many believe will assist in achieving the ideal of two years between children without risking infertility in the future.

Exploring the Macro-level

The second strand of the study examines the development and implementation of policies for family planning and education. The review of the discourse from the 1960's to 1996 indicates that, while interpretations of the relationship between the value of girls' education and the desire improve women's access to reproductive technology have increasingly included socio-cultural perspectives, the relationship between the two issues continues to be portrayed in a largely functional manner.

Advocates of gender analysis and women in development have increased recognition of women's roles, their contributions to their communities and to the development of their nations. Outwardly, the language of the discourse has evolved to include women - terms such as WID and GAD now permeate the literature - and the need to improve education for girls and women, as well as the need to improve levels of reproductive health, are, in 1996, high on the development agenda. However, the extent to which these trends indicate an fundamental change in the approach to women's different development needs remains unclear. This study has revealed the confidence donors have placed in the belief that investment in girls' education will have a negative effect on fertility rates. Studies in the literature argue that the combination of schooling and increased access to contraceptives will improve women's condition by enabling them to break the cycle of pregnancy and poverty, and to enter the realm of paid labour. By delaying pregnancy and increasing opportunities to participate in the economy, education opens numerous avenues previously blocked to unschooled women. By providing family planning services, women will be able to act upon their desire to reduce their children because they have achieved a higher degree of financial security through their economic activities and no longer find large families economical. Yet, despite the confidence in the reliability of the relationship, little research is available on the way governments put the policies into practice. By tracing the adoption and evolution of family planning policy and a policy for

educating girls in the Nigerien context, the study has revealed the weak links in the chain.

The review of the research indicates an increasing recognition of the need for policies to be owned not only by national governments, but also by all those individuals and groups influenced by the policies as far down as the grassroots level. The belief is that, if governments have formulated the policies they are implementing, they are more likely to support the initiatives and to have a vested interest in seeing them put in place. However, despite the fact that Niger's education policy and family planning policy have been developed within the country, they clearly continue to lack the support and political will to bring them to fruition. The introduction of democracy and the extremely precarious economic situation in the 1990s have contributed to a political climate in which Ministers and their commitment to particular policy ideas are transient. Similarly, the turnover of policy-makers in the Ministry of Education and the Ministry of Health has created a situation where there is very little institutional memory. Those individuals who are involved in drafting proposal documents are frequently moved to other positions, thus undermining any ownership of the process. Interviews with key ministry officials who should have been well versed on the Government of Niger's position on improving education for girls and providing improved access to family planning services demonstrated low levels of awareness due to lack of access to policy information and poor systems of communication in the ministries.

The recent international conferences in education and population have produced frameworks of action which are intended to be adopted in every country. These efforts, with their ten year deadlines for achievement, are intended to create universal baselines of basic levels of provision and access. However, in order to meet the deadlines, the frameworks implicitly require that countries have the resources available to fulfil the requirements as well as having the national infrastructure in place to be able to deliver the programmes. Niger has neither. The economic constraints are such that, in order to fulfil the targets set in the ICPD and the WCEFA the resources required must come, almost exclusively, from donor sources, thus undermining any Nigerien sense of ownership of policies. Moreover, national and regional bureaucratic frameworks require a great deal of expansion and development in order to be able to address issues of access to and distribution of ideas, information and resources.

Attempts have been made to act upon the issues. The Kollo conference on Education for Girls in 1994 and the evolving national family planning service provision indicate that, given the opportunity, the political will for change is present. However, in both of these cases, the efforts have been subsidised by external funding, and have come about as a result of international pressures and incentives to develop policies in a particular direction. Hence, while policies have been developed in the country, they have been heavily influenced and directed by external advisors.

Connecting the Macro with the Micro

The results of positive efforts to improve national systems in Niger have been inhibited by the on-going strikes and political unrest. Circulation of policies and ideas are impeded by the difficulties of resourcing the production of documents, lack of resources to disseminate and inform government employees of changes and innovations, and an inability to reach the vast numbers of teachers or health staff who will be affected by policy change. Hence, by the time the policy is supposed to have reached the micro-level (if it has reached the micro-level) it is a far paler version of its original self.

This thesis has shown that these policies conceived of at the national level are almost impossible to implement because of the lack of shared understanding between the policies and the local situations. The overwhelming infrastructural weaknesses of poor or non-existent roads, absence of electricity and communication systems, in addition to further tensions caused by strikes and political and economic upheaval, have prevented even the most basic of information exchange to take place. Health workers and educators alike receive scant training at infrequent intervals. Teachers, who should be working with a new curriculum, await textbooks and re-training. Awareness of the role of girls' schooling remains sketchy, and faced with opposition by parents, the teachers are likely to focus their attentions on attracting more boys to school. Health workers, who may have trained in family planning provision, are under-resourced and often suffer from inadequate stocks. The numbers of women demonstrating an interest in using contraceptives remains low, and frequently efforts to promote the use of the methods are met with some degree of opposition.

At the local level individuals remain sceptical of government intervention. Past history has resulted in a wariness of programmes aimed at improving socio-economic conditions because they have so often had the opposite effect. The failure of family planning IEC programmes to address the position of fertility within the culture creates a friction between family planning policies and community requirements. There is an absence of local ownership of family planning and education programmes conceived and introduced from outside the community. While individual women are attributed with the responsibility of accepting or refusing family planning methods in the policy, the concerns and issues those women express are ignored, overlooked or dismissed. Hence, the extent to which these issues could be interpreted as indicators of the broader socio-cultural constraints and incorporated into programme evaluations is not acknowledged. Women continue to be treated in isolation with little reference to those individuals and groups in the community who have varying levels of influence on them.

Analysis of resistance to female education indicates that many of the same constraints affecting fertility are also influencing attitudes towards girls' schooling. The position of women in the community, and the desire to have girls marry young and to produce many children have profound effects on girls' attendance and achievements. While changes in the curriculum may influence some parents' attitudes about the utility of formal education, the external cultural factors will remain unchanged.

CONCLUSIONS

It is clear that, in Niger, a direct link between education and fertility rates is not being made at the local level. Each issue shares a number of socio-cultural constraints, but the extent to which one has a direct influence on the other is far from clear. Men and women continue to organise and structure their lives and communities according to their own interpretations. Developments made at the national level, influenced by the discourse, infrequently filter down to the local, micro-level. When they do, often they have been undermined by institutional incapacity to such an extent that they are unlikely to have much impact. If, in the future, any kind of comment is to be made on the relationship, a good deal of expansion and development of education and family planning systems will have to take place.

While it is not possible to comment on the link between education and fertility in Niger, it is possible to reflect on the need to expand the parameters of analysis for future studies and policy development. Clearly, the position of Hausa women in Nigerien society is such that, in order to improve any one particular element, the larger socio-cultural interpretations of the role and value of women must be addressed. This position will affect efforts to educate women; objectives establishing schooling programmes girls cannot be realised if the system of education itself is rejected on the basis of its inability to formulate a role for itself in the socio-cultural context. Similarly, family planning programmes will not be able to offer women improved ability to space their children or address their reproductive health needs if the terms upon which they are offered are not acceptable to the community.

Further, some comment must be made about the functional nature of the portrayal of the relationship in the literature. The transience of any fundamental desire to serve women's needs in the long-term is revealed if the relationship is turned on its head. For example, accepting for a moment, that the relationship between education is direct and causal, in the event a situation arose where there was desire on the part of the donors to increase fertility rates, would policy-makers suggest that education for girls be limited because it inhibited fertility? Similarly, the pervasiveness of the link in policy documents begs the question "If a more economic or efficient way of reducing fertility rates were to be discovered, would girls' education fall from the agenda? These questions are posed rhetorically and, instead of dwelling on them too long, I prefer to turn back to the wider question of research in the future.

Rather than insisting on focusing on the direct linkage between education and fertility, the literature requires an expansion of insight into the roles that education and fertility play within the development of a better quality of life for men and women. Only by understanding the complexity of these relationships and their position within a dynamic society, can policies hope to respond to development needs. In order to pursue this research goal, it will be necessary to place an increased focus on linking micro-level studies with macro-level debates.

Bibliography

- Abu, Katherine. (1994) "Family Planning and Welfare in Northern Ghana" in *Gender, Work and Population in Sub-Saharan Africa*. Aderanti Adepoju and Christine Oppong (eds.). Geneva: ILO.
- Abraha, S., A. Beyene, T. Dubale, B. Fuller, and S. Holloway (1991) "What Factors Shape Girls' School Performance? Ethiopia." *International Journal of Education and Development* 11(2):107-18.
- Adamou, Soumana., Félix Lompo, Kristin Smith and Marilyn Wilkinson. (1995) "L'Impact de l'Age du Premier Mariage sur la Fécondité au Niger". Direction de la Population, Ministère du Développement Social, Population et la Promotion de la Femme. Niamey, Niger.
- Adams, Alayne and Sarah Castle. (1994) "Gender Relations and Household Dynamics" in *Population Policies Reconsidered*. Gita Sen, Adrienne Germain and Lincoln C. Chen (eds.). Boston: Harvard University Press.
- Ahmed, Leila. (1992) *Women and Gender in Islam - Historical Roots of a Modern Debate*. Yale: Yale University Press.
- Ali Mamoudou, Tahirou. (1994) "Rapport d'Enquête sur le Comportement de la Société vis à vis l'Ecole Formelle". Niamey: Co-opération Néerlandaise de Développement.
- Allagbada, Elaine. (1991) "La Femme et le Droit de la Famille au Niger". Presented to a Meeting on the "Le Definition d'une Politique en Matière de Promotion de la Femme au Niger".
- Amadou, Oumarou., Kirstin Smith and Marilyn Wilkinson. (1995) "L'Impact de l'Accroissement du Taux de Scolarisation des Filles sur la Fécondité au Niger". Direction de la Population, Ministère du Développement Social, Population et la Promotion de la Femme. Niamey, Niger.
- Amalric, Franck. (1994) "Finiteness, Infinity and Responsibility: the Population-Environment Debate" in *Feminist Perspectives on Sustainable Development*. Wendy Harcourt (ed.) London: Zed Books.
- Andreasen, Alan. (1988) "Social Marketing: Its Potential Contribution to the Public Sector". Washington: HealthCom.
- Apffel-Marglin, Frédérique and Suzanne L. Simon (1994) "Feminist Orientalism and Development" in *Feminist Perspectives on Sustainable Development*. Wendy Harcourt (ed.) Zed Books: London.
- Arce, Alberto, Magdalena Villareal and Peter de Vries. (1994) "The Social Reconstruction of Rural Development: Discourses, Practices and Power" in *Rethinking Social Development*. David Booth (ed.) Harlow: Longman Scientific and Technical.
- Archer, Margaret S. (1985) "Educational Politics: A Model for their Analysis" in *Policy Making in Education: the Breakdown of Consensus*. Ian McNay and Jenny Ozga (eds.) Oxford: Pergamon Press/Open University.
- Arnould, Eric J. and Helen Kreider Henderson. (1982) "Women in Niger - Preliminary Working Paper - Women in Development Programme", University of Arizona: Office of International Agriculture Programmes.

- Banuri, Tariq. (1990) "Dominating Knowledge" in *Dominating Knowledge* Frédérique Apfell-Marglin and Stephen Marglin (eds.). New York: Oxford University Press.
- Bargery, G. P. (1957) *A Hausa-English Dictionary*. London: Oxford University Press.
- Baron, D.L. et al. (1993) "Qualitative Research for Family Planning Programmes in Africa". Centre for Communication Programs, Johns Hopkins School of Public Health, Occasional Papers Series, No. 2. Baltimore, Maryland.
- Bashin, Michelle and Hubert A. Allen, Jr. (1989) "Niger: La Planification Familiale Fait une Percée - Niamey, Maradi et Zinder". Ministère de la Santé Publique et des Affaires Social/Direction de la Planification Familiale et le Johns Hopkins University.
- Belloncle, Guy (1976) *Coopératives et Développement en Afrique Noir*. Vol. 3. Bamako, Mali.
- Belloncle, Guy (1980) *Femmes et Développement en Afrique Sahélienne*. Paris: Les Editions Ouvrières.
- Belloncle, Guy and Fournier, Georges. (1975) *Santé et Développement en Milieu Rural Africain: Réflexions sur l'Expérience Nigérienne*. Paris: Les Editions Ouvrières.
- Berer, Marge (1993) "Population and Family Planning Policies: Women Centred Perspectives" in *Reproductive Health Matters* 1.
- Berry, Sarah (1993) *No Condition is Permanent*. Madison, Wisconsin: University of Wisconsin Press.
- Birdsall, Nancy. (1980) *Population and Poverty in the Developing World*. World Bank Staff Working Paper no. 404. Washington: World Bank.
- Bongaarts, John. (1994) "Population Policy Options in the Developing World". Population Council Working Paper, Research Division. Paper no.59.
- Booth, David. (1994) "Rethinking Social Development: An Overview" in *Rethinking Social Development*. David Booth (ed.) Harlow: Longman Scientific and Technical.
- Boserup, Ester. (1970) *Women's Role in Economic Development*. London: Earthscan.
- Boye, Abd-el Kaddar, Kathleen Hill, Stephen Issacs and Deborah Gordis. (1991) "Marriage Law and Practice in the Sahel" in *Studies in Family Planning*. 26(6):343-49.
- Brett, April. (1991) "Why Gender is a Development Issue" in *Changing Perceptions - Writings on Gender and Development*. Tina Wallace and Candida March (eds.) Oxford: Oxfam.
- Brundtland, Gro Harlem (Commission Chairperson). (1987) *Our Common Future*. New York: Oxford University Press.
- Caldwell, John C. (1982) *Theory of Fertility Decline*. London: Academic Press.
- Caldwell, John C. (1993) "Health Transition: The Cultural, Social and Behavioural Determinants of Health in the Third World" in *Social Science and Medicine*. 36(2):125-35

- Caldwell, John C. (1996) "The International Conference on Population and Development, Cairo, 1994. Is Its 'Plan of Action' Important, Desirable and Feasible?" in *Health Transition Review*. 6(1):71-2.
- Callaway, Barbara. (1984) "Ambiguous Consequences of the Socialisation and seclusion of Hausa Women". in *The Journal of Modern African Studies*, 22(3):451-467.
- Canadian Broadcasting Corporation (1994) "The Population Riddle". from *Ideas*, Radio Broadcast Transcript. Toronto: CBC Radio Works.
- CARE. (1992) "CARE - Zinder Family Health Project Proposal". Niamey, Niger.
- CARE. (1994) "Rapport des Entretiens avec des Marabouts sur la Planification Familiale - Departement de Zinder". Zinder, Niger.
- CARE. (1995) "Evaluation of the Use of Opinion Leaders in Community Based Distribution and Family Planning Education". Zinder Integrated Health Project, Niger.
- Carr-Hill, Roy. (1990) *Social Conditions in Sub-Saharan Africa*. London: Macmillan.
- Centre National de Santé Familiale/Ministère de la Santé et des Affaires Sociales et Centre pour la Population et la Santé Familiale/Columbia University. (1987) "Rapport de l'Enquête Connaissances, Attitudes, Pratiques (C.A.P.) en Santé Familiale - Ville de Niamey, Niger, 1987". Niamey, Niger.
- Chambers, Robert. (1981) "Rapid Rural Appraisal: Rationale and Repertoire", Institute of Development Studies Discussion Paper 155. Brighton: IDS.
- Chambers, Robert. (1983) *Rural Development: Putting the Last First*. Harlow: Longman Scientific and Technical.
- Chambers, Robert. (1992) "Rural Appraisal: Rapid, Relaxed and Participatory" , Institute of Development Studies Discussion Paper No. 311. Brighton, Sussex: IDS.
- Chamie, Joseph. (1994) "Trends, Variations, and Contradictions in National Policies to Influence Fertility" in *The New Politics of Population: Conflict and Consensus in Family Planning*. Jason L. Finkle and C. Alison McIntosh (eds.) New York: Population Council.
- Charlick, Robert. (1991) *Niger: Personal Rule and Survival in the Sahel*. Boulder, Col.: Westview Press.
- Charlick, Robert. (1994) "Niger" in *The Political Economy of Foreign Policy in ECOWAS*. Timothy M. Shaw and Julius Emeka Okolo (eds.). Basingstoke, Hampshire: Macmillan Press.
- Cleland, John, and William P. Mauldin. (1991) "The Promotion of Family Planning by Financial Payments: The Case of Bangladesh" in *Studies in Family Planning*. 22(1):1-18.
- Coale, Ansley J., and Edgar M. Hoover. (1958) *Population Growth and Economic Development in Low-Income Countries: A Case Study of India's Prospects*. Princeton: Princeton University Press.
- Cochrane, Susan Hill. (1979) "Fertility and Education: What Do We Really Know?" World Bank Staff Paper. No. 26. Washington: World Bank.

- Cochrane, Susan Hill. (1980) *The Effects of Education on Health*. World Bank Staff Working Paper No. 405. Washington: World Bank.
- Cohen, Sylvie I. (1993) "Developing Information, Education and Communication (IEC) Strategies for Population Programmes". Technical Paper No. 1. New York: UNFPA.
- Colclough, C. (1980) "Primary School and Economic Development: A Review of the Evidence". World Bank Staff Working Paper No.339. Washington: World Books.
- Coles, Catherine, M. (1983) "Urban Muslim Women and Social Change in Northern Nigeria" Working Paper #19. East Lansing: Michigan State University.
- Comité Technique Interministériel sur la Population. (1990) "Projet de Politique de la Population, Document de Base: Statut et Role de la Femme, Enfants et Jeunes Personnes du Troisiem Age". Kollo, Niger.
- Cooper, Barabara (1992) *Women in Maradi: A History of the Maradi Region of Niger from the "Time of the Cowries" to the "Time of Searching for Money", 1900-1989*. Ph.D. Dissertation, Boston University.
- Correa, Sônia and Rosalind Petchesky (1994) "Reproductive and Sexual Rights: A Feminist Perspective" in *Population Policies Reconsidered*. Gita Sen, Adrienne Germain and Lincoln C. Chen (eds.) Boston: Harvard University Press.
- Crowder, Michael. (1968) *West Africa Under Colonial Rule*. Illinois: Northwestern University Press.
- Darrah, A.C. (1980) *A Hermeneutic Approach to Hausa Therapeutics: The Allegory of Living Fire*. unpublished Ph.D. Dissertation, University Microfilms No. 8026790.
- Dawood, A.J. (1956) *The Koran*. Cambridge: University Press.
- Deblé, Isabelle, and Gabriel Carron. (1993) "Jomtien, Trois Ans Après - l'Education Pout Tous dans les Pays du Sahel". Paris: IIED/UNESCO.
- Debus, Mary. (n.d.) *Handbook for Excellence in Focus Group Research*. Washington D.C.: The Academy for Educational Development.
- de Grauwe, Anton. (1994) "Why Does Frankie Go to School When Aminata Stays at Home? - Supply and Demand Constraints on Enrolment in Education in Africa" in UNESCO Africa, No. 9, Dec. 1994.
- Demeny, Paul (1988) "Social Science and Population Policy" in *Population and Development Review*. 14(3):451-79
- Dennis, Carolyne. (1994) "Non-Governmental Organisations: A Preliminary Analysis of their Contribution to the Gender, Population and Environmental Debate in Africa" in *Gender and Environment in Africa; Perspectives on the Politics of Environmental Sustainability*. Ingrid Yngström, Patricia Jeffery, Kenneth King and Camilla Toulmin (eds.) Edinburgh: Centre of African Studies.
- Desai, Sonalde. (1994a) *Gender Inequalities and Demographic Behaviour - India*. New York: The Population Council.

- Desai, Sonalde. (1994b) "Women's Burden: Easing Structural Constraints" in *Population Policies Reconsidered*. Gita Sen, Adrienne Germain and Lincoln C. Chen (eds.). Boston: Harvard University Press.
- Diallo, Yacine Marius, and Garba Abdoulaye, Zeinabou. *Planification Familiale au Niger: Une Analyse de Situation en 1994 dans les Sites de Distribution Ruraux et Urbains*. February 1995. FHDP/URC; Ministère de la Santé.
- Direction de la Planification Familiale/Ministère du Développement Social, de la Population et de la Promotion de la Femme. (1992a) "Rapport Annuel - 1992". Niamey, Niger.
- Direction de la Planification Familiale/Ministère du Développement Social et de la Promotion de la Femme, et Projet Santé Familiale et Démographie au Niger. (1992b) "Rapport Annuel sur Les activites du Projet". Niamey, Niger.
- Direction de la Planification Familiale/Ministère du Développement Social et de la Promotion de la Femme, et Projet Santé Familiale et Demographie au Niger. (1993) "Rapport Annuel sur les Activites du Projet". Niamey, Niger.
- Direction de la Planification Familiale/Ministère du Développement Social et de la Promotion de la Femme, et Projet Santé Familiale et Démographie au Niger. (nd) *Curriculum en Planification Familiale* (Vols. I and II). Niamey, Niger.
- Direction de la Santé Familiale. (1994) "Bilan de la Première Décennie de Planification Familiale au Niger (1989 - 1994). November 1994. Niamey, Niger.
- Division de la Planification Familiale/Direction de la Santé Familiale/Ministère de la Santé Publique. (1995) "Rapport Annuel - 1994". Niamey, Niger.
- Dixon-Mueller, Ruth and Adrienne Germain. (1994) "Population Policy and Feminist Political Action in Three Developing Countries" in *The New Politics of Population - Conflict and Consensus in Family Planning*. Jason L. Finkle and C. Alison McIntosh (eds.) New York: Population Council.
- Dunbar, Roberta Ann (1991) "Islamic Values, the State and Development of Women: The Case of Niger" in *Hausa Women in the Twentieth Century*. Catherine M. Coles and Beverley B. Mach (eds.) Madison: University of Wisconsin Press.
- Dunbar, Roberta Ann and Hadiza Djibo. (1992) "Islam, Public Policy and the Legal Status of Women in Niger." GENESYS Special Study No. 12. The Futures Group, Washington D.C.
- Ehrlich, Paul. (1968) *The Population Bomb*. London: Pan Books.
- Ehrlich, Paul R. and Anne H. Ehrlich. (1990) *The Population Explosion*. New York: Simon and Schuster.
- Ehrlich, Paul J. and Anne H. Ehrlich, Gretchen C. Daily (1993) "Food Scarcity, Population and Environment" in *Population and Development Review* 19(1):1-32.
- Elder, John P. and Jacqueline D. Estey (1992) "Behaviour Change Strategies for Family Planning" in *Social Science and Medicine* 35(8):1065-76.

- El-Sanabary, N. (1989) *Determinants of Women's Education in the Middle East and North Africa: Illustrations from Seven Countries*. PHREE Background Paper Series, Document No. PHREE/89/14. Washington: World Bank.
- Emougou, Paul Albert. (1992) "Education and Primitive Accumulation in Sub-Saharan Africa" in *Comparative Education*. 28(2):201-13.
- Etta, Florence Ebam. (1994) "Gender Issues in Contemporary African Education" in *African Development*. XIX(4)57-84.
- Ezzat, Dina (1994) "In the Shadow of a Man - Social Forces and Women's Rights in Egypt" in *Private Decisions, Public Debates: Women, Reproduction and Population*. Judith Mirsky and Marty Radlett (eds.). London: Panos Books.
- Fass, Simon. (1991) *The Political Economy of Education in the Sahel*. Florida: IEES.
- Faulkingham, Ralph and Peter Thorbahn. (1975) "Population Dynamics and Drought: A Village in Niger" in *Population Studies* 29(3):463-77.
- Filstead, W.J. (1970) *Qualitative Methodology: Firsthand Involvement with the Social World*. Lewes: Falmer Press.
- Finkle, Jason L. and C. Alison McIntosh. (1994) "The New Politics of Population" in *The New Politics of Population: Conflict and Consensus in Family Planning*. New York: The Population Council.
- Finch J. (1988) "Ethnography and Public Policy" in Pollard, A. *et al.* (eds) *Education, Training and the New Vocationalism*. Milton Keynes: Open University Press.
- Finch, J. (1986) *Research and Policy: The Uses of Qualitative Methods in Social and Educational Research*. Lewes: Falmer Press.
- Floro, Maria and Joyce M. Wolf (1990) *The Economic and Social Impacts of Girls' Primary Education in Developing Countries*. Washington D.C.: USAID/ABEL.
- Fluitman, Fred and Xavier Oudin, (1991) "Skill Acquisition and Work in Micro-enterprises: Evidence from Lomé, Togo", Discussion Paper No. 31. Geneva: ILO.
- Forum Consultatif International sur l'Education Pour Tous (1996) "Examen à Mid-décennie des Progrès Réalisés vers l'Education Pour Tous - Afrique Occidentale et Centrale". Document de Discussion, Yaoundé, Cameroon.
- Frederiksen, Birger. (1990) "Increased Foreign Aid for Primary Education: The Challenge for Donors" paper to International Working Group on Education (IWGE).
- Freire, Paulo. (1970) *Pedagogy of the Oppressed*. Middlesex: Penguin Books Ltd.
- Fuglestad, Finn. (1980) "A Propos de Travaux Récents sur la Mission Voulet-Chanoïne." in *Revue Francaise d'Histoire d'Outre-mer*. 246-47:73-86.
- Fuglestad, Finn (1983) *A History of Niger: 1850 - 1960*. Cambridge: Cambridge University Press.
- Fullan, M.G. (1991) *The New Meaning of Educational Change*. Toronto: OISE Press.

- Gage-Brandon, Anastasia and Dominique Meekers (1993) "Sex, Contraception and Child Bearing Before Marriage in Sub-Saharan Africa" in *International Family Planning Perspectives* 19(14):14-8.
- Gagnon, J. and W. Simon. (1973) *Sexual Conduct: The Sources of Human Sexuality*. Chicago: Aldine.
- Gagnon, Jean-Pierre. (1988) "Le Niger". Série Dossiers no. 1. Laval, Québec: Centre Sahel/Université Laval.
- García-Moreno, Claudia and Amparo Claro. (1994) "Challenges from the Women's Health Movement: Women's Rights versus Population Control" in *Population Policies Reconsidered*. Gita Sen, Adrienne Germain and Lincoln C. Chen (eds.). Boston: Harvard University Press.
- García-Moreno, C. and T. Türmen. (1995) "International Perspectives on Women's Reproductive Health" in *Science* 269:790-792.
- Gann, L.H., and Peter Duignan. (1968) *Burden of Empire - An Appraisal of Western Colonialism in Africa South of the Sahara*. London: Pall Mall Press.
- Geadah, Yolande. (1992) *L'Influence de l'Islam sur les Femmes dans les Projets de Développement au Niger*. Report for Canadian International Development Agency, Hull, Quebec.
- Gervais, M. (1992) "Les Enjeux Politiques des Ajustements Structurels au Niger" in *Canadian Journal of African Studies*. 26(2):226-4.
- Giroux, Henry A. and Paulo Freire. (1987) "Introduction" in *Critical Pedagogy and Cultural Power*. David Livingstone (eds.). London: Macmillan Education Ltd.
- Glaser, B.G. and A. Strauss. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine.
- Goetz, Anne Marie (1995) *The Politics of Integrating Gender into State Development Processes - Trends, Opportunities and Constraints in Bangladesh, Chile, Jamaica, Mali, Morocco and Uganda*. Geneva: Occasional Paper for Fourth World Conference on Women, UNRISD.
- Gomes, Eustáquio. (1994) "Choice or Crime? An Epidemic of Caesarians and Sterilizations in Brazil" in *Private Decisions, Public Debate: Women Reproduction and Population*. Judith Mirsky and Marty Radlett (eds.). London: Panos Books.
- Goody, Jack. (1976) *Production and Reproduction - A Comparative Study of the Domestic Domain*. Cambridge: Cambridge University Press.
- Gouvernement du Niger. (1992) "Déclaration de la Politique de Population". Niamey, Niger.
- Green, Marshall. (1993) "The Evolution of US International Population Policy, 1962-92: A Chronological Account" in *Population and Development Review* 19(2):303-21.
- Greenhalgh, Susan. (1995) *Situating Fertility: An Anthropological and Demographic Inquiry*. Cambridge: Cambridge University Press.
- Haddad, W.D. (1990) *Education and Development: Evidence for New Priorities*. World Bank Discussion Papers No. 95. Washington D.C.: The World Bank.

- Harcourt, Wendy (ed.) (1994) *Feminist Perspectives on Sustainable Development*. London: Zed Books.
- Hargreaves, John D. (1967) *West Africa, Former French States*. Englewood Cliffs, New Jersey: Prentice Hall.
- Harrison, Kelsey A. (1985). "Child Bearing, Health and Social Priorities: A Survey of 22774 Consecutive Hospital Births in Zaria, Northern Nigeria" in *British Journal of Obstetrics and Gynaecology*. Supplement #5.
- Harrison, Paul. (1992). *The Third Revolution: Population, Environment and a Sustainable World*. Harmondsworth: Penguin.
- Hartmann, Betsy. (1995) *Reproductive Rights and Wrongs*. New York: Harper and Row.
- Heise, Lori (1993) "Violence Against Women: The Missing Agenda" in *The Health of Women- A Global Perspective*. Marge Koblinksky, Judith Tyman and Jill Gay (eds.) Boulder, Colorado: Westview Press.
- Hill, M. Anne and Elizabeth M. King . (1991) *Women's Education in Developing Countries: Barriers, Benefits and Policy*. Washington: PHREE Background Paper Series, World Bank.
- Hill, Polly. (1977) *Rural Hausa: Village and Setting*. Cambridge: Cambridge University Press.
- Hitzemann, Andrea. (1989) *Femmes en République du Niger - Situations et Possibilités de Promotion*. Berlin: Deutscher Entwicklungsdienst.
- Horowitz, Michael (1983) *Niger: A Social and Institutional Profile*. New York: Institute for Development Anthropology.
- Huntington, Dale. (1989) "Family Planning Attitudes and Behaviours in Urban Niger, West Africa". (unpublished doctoral thesis) School of Hygiene and Public Health, The Johns Hopkins University.
- Hung, Man-Ming. and Yacine Diallo. (1992) *Baseline Survey in Child Survival and Family Planning Knowledge, Attitudes and Practices*. Zinder Integrated Health Project, CARE International.
- Inné, Marcel (1992) "Programme de Formation et d'Aide à l'Enseignement Primaire". Niger: Ministère de l'Economie et des Finance / PNUD.
- Inné, Marcel, Halilou Ibrahim and Seleou Hamidou. (1995) "Etude pour l'Analyse de la Formation et la Proposition d'une Programmation d'Activités pour une Réance des Ecoles Experimentales et Centres d'Education de Base Non-formelle". Niger: SNV.
- Jabara, Cathy L. (1991) "Structural Adjustment and Stabilization in Niger - Macroeconomic Consequences and Social Adjustment". Cornell Food and Nutrition in Policy Programme. Monograph 11.
- Jackson, Cecile. (1993) "Questioning Synergism: Win-win with Women in Population and Environment Policies?" in *Journal of International Development*. 5(6):651-668.

- Jacobson, Jodi L. (1993) "Women's Health: the Price of Poverty" in *The Health of Women: A Global Perspective*. M. Koblinsky, Judith Timyan and Jill Gay (eds.) Boulder, Colorado: Westview Press.
- Jaffré, Yannick and Alain Prual. (1994) "Mid-wives in Niger: An Uncomfortable Position between Social Behaviours and Health Care Constraints" in *Social Science and Medicine*. 38(8):1069-73.
- Jain, Anrudh and Judith Bruce. (1994) "A Reproductive Health Approach to the Objectives and Assessment of Family Planning Programmes" in *Population Policies Reconsidered*. Gita Sen, Adrienne Germain and Lincoln C. Chen (eds.) Boston: Harvard University Press.
- Jaycox, Edward. (1993) "Capacity Building; The Missing Link in African Development" in *NORRAG News*. CAS, University of Edinburgh. July 14 pp.9-10.
- Jeffery, Patricia, Roger Jeffery and Andrew Lyon. (1989) *Labour Pains and Labour Power: Women and Childbearing in India*. London: Zed Books.
- Jeffery, Roger and Alaka M. Basu. (1996) "Schooling as Contraception?" Introduction in *Girls' Schooling, Women's Autonomy and Fertility Change in South Asia*. R. Jeffery and A.M. Basu (eds.) London: Sage Publications.
- Joekes, Susan and N. Heyzer, R. Oniang'o, V. Salles. (1994) "Gender, Environment and Population" in *Development and Change*. 25:149-80
- Jolly, Carole (1993) "Population Change, Land Use and the Environment" in *Reproductive Health Matters*. 1.
- Kaba, Mary White. (1985) "Report on Literacy in Niamey". Niamey, Niger: University of Niamey.
- Kabeer, Naila. (1992) "From Fertility Reduction to Reproductive Choice: Gender Perspectives on Family Planning". International Development Studies Discussion Paper #29, March 1992.
- Kabeer, Naila. (1994) *Reversed Realities: Gender Hierarchies in Development Thought*. London: Verso.
- Khan, Ayesha. (1994) "Room to Decide - Education, Employment and Reproductive Choice in Pakistan" in *Private Decisions, Public Debate*. Judith Mirsky and Marty Radlett (eds.) London: Panos.
- Keith, Nancy. (1991) *Young Child Feeding, Weaning, and Diarrhoeal Illness: Practice in a Hausa Village and Educational Implications*. Final Report for USAID. Niamey, Niger: USAID.
- Keith, Nancy. (1992) "Family Planning Knowledge, Attitudes and Practice: Results of Focus Group Research in Niamey Periphery Communities and Four Rural Villages in Niger". Niamey, Niger: Ministry of Social Development, Population and the Promotion of Women (Directorate of Family Planning)/USAID/University Research Corporation.
- King, Kenneth. (1991) *Aid and Education in the Developing World*. Harlow: Longman.
- King, Kenneth. (1992) "The External Agenda of Aid in Internal Educational Reform" in *International Journal of Education and Development*. 12(4):257-63.

- King, Kenneth. (1996a) Education for All - For Whom??. An Issue related to the Mid-term Review of EFA in Amman, Jordan. in *NORRAG News*. No.19.
- King, Kenneth. (1996b) *Jua Kali, Kenya - Change and Development in an Informal Economy, 1970 - 1995*. London: James Currey.
- Kirby, Sandra and Kate McKenna. (1989) *Research From the Margins*. Toronto: Garamond Press.
- Ki-Zerbo, Joseph (1990) "Educate or Perish - Africa's Impasse and Prospects". Dakar: BREDA, UNESCO/UNICEF.
- Koblinsky, M.A., Oona M.R. Campbell and Siobán D. Harlow (1993) in "Mother and More: A Broader Perspective on Women's Health" in *The Health of Women: A Global Perspective*. Marge Koblinsky, Judith Timyan and Jill Gay (eds) Boulder Colorado: Westview Press.
- Kogan, Maurice. (1985) "Education Policy and Values" in *Policy Making in Education: the Breakdown of Consensus*. Ian McNay and Jenny Ozga (eds). Oxford: Pergamon Press/Open University.
- Kourgueni, Idrissa Alichina, Bassirou Garba and Bernard Barrere (eds). (1992) "Enquête Démographique et de la Santé: Niger". Columbia, Maryland: Macro International Inc.
- Lalonde, Hélène. (1996) "Girls' and Women's Education in Africa: Recent Experiences, Challenges and Strategies. Ottawa: Canadian International Development Agency.
- Leys, Colin. (1995) *The Rise and Fall of Development Theory*. London: James Currey.
- Lockwood, M. and P. Collier (1988) "Maternal Education and The Vicious Cycle of High Fertility and Malnutrition". World Bank Population and Human Resources Department. WPS130.
- Long, L.D. (1990) "Study of Girls' Access to Primary Schooling in Guinea". Report Prepared for USAID/Guinea. Washington: USAID.
- Long Norman. (1989) "The *Raison d'Etre* for Studying Rural Development Interface" in *Encounters at the Interface - A Perspective on Social Discontinuities in Rural Development*. Norman Long (ed.) Wageningen: Wageningen Agricultural University.
- Long, Norman and Anna Long. (1992) *Battlefields of Knowledge - The Interlocking of Theory and Practice in Social Science Research and Development*. London: Routledge.
- Long, Norman, and Jan Douwe van der Ploeg. (1994) "Heterogeneity, Actor and Structure" in David Booth (ed.) *Rethinking Social Development - Theory, Research and Practice*. Harlow, Essex: Longman Scientific and Technical.
- Lugard, Frederick. (1906/1970) *Political Memoranda*. London: Frank Cass.
- MacCormack, Carol P. (1989) "Technology and Women's Health in Developing Countries" in *International Journal of Health Services* 19(4):681-92.
- MacCormack, Carol P. (1992) "Planning and Evaluating Women's Participation in Primary Health Care" in *Social Science and Medicine*. 35(6):831-37.

- Maiga, Paulette Fanta (1991) "Etude sur la Fréquentation et la Scolarisation des Filles au Niveau Primaire au Niger". Faculté des Lettres et des Science Humaine, Université du Niamey.
- Mamdani, Mahmood (1972) *The Myth of Population Control: Family Caste and Class in an Indian Village*. Monthly Review Press: New York.
- Marchand, Marianne H., and Jane L. Parpart. (1995) "Exploding the Canon: An Introduction/Conclusion" in *Feminism, Postmodernism, Development*. London: Routledge.
- Marris, P. (1975) *Loss and Change*. New York: Doubleday.
- Mason, Karen Oppenheim. (1984) *The Status of Women: A Review of Its Relationships to Fertility and Mortality*. New York: Rockefeller Foundation.
- McIntosh, Alison and Jason Finkle. (1995) "The Cairo Conference on Population and Development: A New Paradigm?" in *Population and Development Review*. 21(2):223-260.
- Merritt, Marilyn Wilkey (1994) *Advancing Education and Literacy in Niger: Observations, Reflections and Recommendations*. Niamey, Niger: UNICEF
- Merritt, Marilyn Wilkey. (1995) "Report on Education in Niger" (Draft) Niamey: CARE - Niger.
- Miles, William F.S. (1994) *Hausaland Divided: Colonialism and Independence in Nigeria and Niger*. London: Cornell University Press.
- Ministère de l'Education Nationale, de l'Enseignement Supérieur et de la Recherche. (1993) *Problématique de la Scolarisation des Filles au Niger*. Niamey, Niger.
- Ministère de l'Education Nationale et de la Recherche (1992) *Education de Base Pour Tous- Plan d'Action Nationale*. Niamey, Niger.
- Ministère de l'Education Nationale et de la Recherche (1994) "Séminaire Atelier sur la Scolarisation des Filles au Niger: Rapport Finale". Kollo, Niger.
- Ministère de l'Education Nationale (1990) *Programmes de l'Enseignement du Premier Degré*. Niamey, Niger: INDRAP.
- Ministère de la Santé Publique. (1994) "Plan de Développement Sanitaire: 1994 - 2000". Niamey, Niger.
- Ministère du Développement Social, de la Population et de la Promotion de la Femme. (1992) "Curriculum en Planification Familiale". Niamey, Niger.
- Ministère du Développement Social, de la Population et de la Promotion de la Femme. (1994a) *Synthese de la Position du Niger par Rapport aux Termes et Expressions Mis Entre Crochets - CIPD*. République du Niger.
- Ministère du Développement Social, de la Population et de la Promotion de la Femme. (1994b) "Conférence Internationale sur la Population et le Développement Durable - Rapport de Mission". République du Niger.
- Ministère du Développement Social, de la Population et de la Femme. (1994c) *Population et Développement au Niger: Un Appel à l'Action*. Niamey, Niger.

- Ministère du Plan. (1990) "Recensement de la Population 1988, Résultats Préliminaire, 1990". République du Niger.
- Molyneux, Maxine. (1985) "Mobilisation Without Emancipation? Women's Interests, State and revolution in Nicaragua", in *Feminist Studies*, 11(2).
- Monimart, Marie. (1989) *Femmes du Sahel*. Paris: OCDE/Club du Sahel.
- Moser, Caroline O.N. (1991) "Gender Planning in the Third World: Meeting Practical and Strategic Gender Needs" in *Changing Perceptions - Writings on Gender and Development*. Tina Wallace and Candida March (eds.) Oxford: Oxfam.
- Moser, Caroline O.N. (1993) *Gender Planning and Development - Theory, Practice and Training*. London: Routledge.
- Mosse, Julia Cleves. (1994) "From Family Planning and Maternal and Child Health to Reproductive Health" in *Focus on Gender*, 2(2)6-12.
- Moulton, Jeanne Marie. (1977) *Animation Rurale: Education for Rural Development*. Amherst, Mass.: Center for International Education.
- Newman, Roxana Ma (ed.) (1990) *An English Hausa Dictionary*. London: Yale University Press.
- Nicolas, Guy. (1960) "Un Village Haoussa de la République du Niger: Tassao Haoussa" in *Cahier d'Outre-mer*, 52:421-50.
- Nicolas, Guy. (1975) *Dynamique Sociale et Apprehension du Monde au Sein d'une Société Hausa*. Paris: Institut d'Ethnologie.
- O'Brien, Mary. (1987) "Education and Patriarchy" in *Critical Pedagogy and Cultural Power*. David Livingstone and Contributors. London: Macmillan Education Ltd.
- Ola-Davis, George. (1996) "The Coup in Niger" in *West Africa*. Feb. 5 - Feb. 11, 1996. pp.177-179.
- Okojie, Christiana E.E. (1994) "Gender Inequalities of Health in the Third World" in *Social Science and Medicine*, 39(9):1237-47.
- Overseas Development Administration. (1990) *Into the Nineties: An Education Policy for British Aid*. London.
- Overseas Development Administration. (1992) *Action on Health and Population*. London.
- Overseas Development Administration. (1993) International Conference on Population and Development, Cairo - United Kingdom National Report. London.
- Overseas Development Administration. (1994a) *Aid to Education in 1993 and Beyond - Education Policy Paper*. London.
- Overseas Development Administration. (1994b) "Transcript of the Statement by Baroness Chalker, Minister for Overseas Development, to the International Conference on Population and Development" September 8, 1994.
- Overseas Development Administration. (1994c) "Children by Choice Not Chance: Meeting the Challenge". Speech by Baroness Chalker, Minister for Overseas Development, July 11, 1994.

- Overseas Development Administration. (1995) "Outcome of the Fourth World Conference on Women". Background Brief, October, 1995.
- Paolisso, Michael and Joanne Leslie. (1995) "Meeting the Changing Needs of Women in Developing Countries" in *Social Science and Medicine*. 40(1):55-65.
- Papma, A. N. (1989) "*Mai-tafia*" - *Celles Qui S'En Vont - Une Etude sur la Position Sociale et Economique des Femmes Haoussa dans l'Arrondissement de Magaria, Département of Zinder, Niger*. Association Netherlandaise d'Assistance du Developpement.
- Pagni, Luigi. (1994) "Niger: Winning the Economic Battle - A Very Long Shot" in *The Courier*. No.143 Jan.-Feb.:12-34.
- Parpart, Janet L. (1995) "Deconstructing the Development "Expert": Gender, Development and the 'Vulnerable' Groups" in *Feminism, Postmodernism, Development*. Marianne Marchand and Jane L. Parpart (eds.) London: Routledge.
- Petchesky, Rosalind Pollock. (1995) "From Population Control to Reproductive Rights: Feminist Fault Lines" in *Reproductive Health Matters* No.6: 152-161.
- Piotrow, Phyllis T. (1973) *World Population Crises: The United States' Response*. New York: Praeger Publishing.
- Pittin, R.I. (1983). "Houses of Women: A Focus on Alternative Lifestyles in Katsina City" in C. Oppong (ed.), *Male and Female in West Africa*. London: Allen and Irwin.
- Population Council. (1966) *Population Council Annual Report*. Population Council
- Population Council. (1994) *Reconsidering the Rationale, Scope, and Quality of Family Planning Programmes*. New York: Population Council Issues Paper.
- Pruat, Alain, Youssef Gamatie, Mariama Djakounda and Dominique Huguet. (1994) "Traditional Uvulectomy in Niger: A Public Health Problem?" in *Social Science and Medicine*. 39(8):1077-82.
- Rathgeber, Eva M. and Carol Vlassoff. (1993) "Gender and Tropical Diseases" in *Social Science and Medicine*. 37(4):513-20.
- Rathgeber, Eva M. (1995) "Gender and Development in Action" in *Feminism, Postmodernism, Development*. M.H. Marchand and J.L. Parpart (eds.) London: Routledge.
- Ravindran, T. K. Sundari. (1993) "Women and the Politics of Population and Development in India", in *Reproductive Health Matters* 1(1)26-38.
- Ravindran, T.K. Sundari. (1995) 'Women's Health Policies: Organising for Change' in *Reproductive Health Matters*. No.6:7-11
- Raynaud, Claude (1977) "Circulation Monetaire et Evolution des Structures Socio-economic Chez les Haoussa du Niger" in *Africa* 47(2):160-274.
- Rehan, Naghma. (1984). "Knowledge, Attitudes and Practices of Family Planning in Hausa Women" in *Social Science and Medicine*. 18(10):839-44.

- Richters, Annemick. (1992) "Introduction" to Special Edition of *Social Science and Medicine*. 35(6):747-51.
- Rogers, Everett M. (1973) *Communication Strategies for Family Planning*. London: Macmillan
- Rogers, Everett M. (1983) *Diffusion of Innovation*, The Free Press: New York.
- Safilios-Rothschild, Constantina. (1982) "Female Power, Autonomy and Demographic Change in the Third World" in *Women's Role and Population Trends in the Third World*. Richard Anker, Myra Buvinic and Nadia H. Youssef (eds.). London: ILO.
- Salifou, André. (1989) "Société en Crise et Education". Niamey, Niger: UNICEF.
- Santow, Gigi. (1995) "Social Roles and Physical Health: The Case of Female Disadvantages in Poor Countries" in *Social Science and Medicine*. 40(2):147-61.
- Saunders, Margaret (1979) "Hausa Women in Economic Development: The Case of Mirria, Niger Republic", (paper presented at the Annual Meeting of the Society for Applied Anthropology) Philadelphia.
- Saunders, Margaret O. (1980) "Women's Role in a Muslim Hausa Town (Mirriah, Republic of Niger) in, Bourguignon, Erika. (ed.) *A World of Women: Anthropological Studies of Women in the Societies of the World*. New York: Praeger Publishers.
- Schildkrout, Enid. (1983) "Dependance and Autonomy: the Economic Activities of Secluded Hausa Women in Kano" in *Female and Male in West Africa* Christine Oppong (ed.) London: Allen and Unwin.
- Schmoll, Pamela. (1989) "Soul Eating Among the Hausa of Niger" a paper presented to the African Studies Association Annual Meeting, November 1989, Alanta, GA.
- Schrater, Angeline Faye. (1995) "Immunization to Regulate Fertility: Biological and Cultural Frameworks" in *Social Science and Medicine*. 41(5):657-71.
- Schultz, Paul T. (1991) "Returns to Women's Education: in *Women's Education in Developing Countries: Barriers, Benefits and Policy*. Hill, M. Anne and Elizabeth M. King (eds). Washington: PHREE Background Paper Series, World Bank.
- Schultz, Paul T. (1993) "Investments in Schooling and the Health of Women and Men: Quantities and Return" in *Journal of Human Resources*. 28(4):694-734.
- Schwartz, Beverly., Susan Middlestadt and Cecilia Verzosa. (1994) "Social Marketing Research on Educating Girls in Bangladesh" in *The Forum for Advancing Basic Education and Literacy*. 3(2):3.
- Scott, J.C. (1985) *The Weapons of the Weak: Everyday Forms of Peasant Resistance*. New Have, CT.: Yale University Press.
- Sen, Amartya. (1995) "Population Policy: Authoritarianism vs Cooperation" Development Economic Paper No. 63. London: School of Economics.
- Sen, Gita. (1994a) "Women, Poverty and Population: Issues for the Concerned Environmentalist" in *Feminist Perspectives on Sustainable Development*. Wendy Harcourt (ed.). London: Zed Books.

- Sen, Gita. (1994b) "Reproduction: The Feminist Challenge to Social Policy" in *Power and Decision - The Social Control of Reproduction*. Gita Sen and Rachel Snow (eds.) Boston: Harvard University Press.
- Sen, Gita. (1994c) "Development, population and the Environment: A Search for Balance" in *Population Policies Reconsidered*. Gita Sen, Adrienne Germain and Lincoln C. Chen (eds.). Boston: Harvard University Press.
- Sen, Gita, Adrienne Germain and Lincoln C. Chen (eds.) (1994) *Population Policies Reconsidered*. Boston: Harvard University Press.
- Sen, Gita and Caren Grown (1987) *Development, Crises and Alternative Visions*. New York: Monthly Review Press.
- Serpell, Robert. (1993) *The Significance of Schooling*. Cambridge: CUP.
- Shahrashoub, Razavi, and Carol Miller. (1995) *From WID to GAD - Conceptual Shifts in the Women and Development Discourse*. Geneva: Occasional Paper for the Fourth World Conference on Women, UNRISD.
- Shallat, Lezak. (1994) "Rites and Rights - Catholicism and Contraception in Chile" in *Private Decisions, Public Debate: Women Reproduction and Population*. Judith Mirsky and Marty Radlett (eds.). London: Panos Books.
- Sidikou, Maman Sambo. (1994) *Adult Education and the Cross-Cultural Transfer of Innovation: A Critical Analysis of the Rural Organizations Development Policy in Niger*. unpublished doctoral thesis, Florida State University, College of Education.
- Simon, Julian L. (1990) "The Population Establishment, Corruption and Reform" in *Population Policy: Contemporary Issues*. Godfrey Roberts (ed.) Praeger: New York.
- Smith, M.F. (1954) *Baba of Karo: A Woman of Muslim Hausa*. London: Faber and Faber Ltd.
- Smyth, Ines. (1994) "'Safe Motherhood', Family Planning and Maternal Mortality: an Indonesian Case Study", in *Focus on Gender* 2(2):19-28.
- Smyth, Ines. (1995) "Gender, Change and Security" in *Gender and Development*. 3(3)6-15.
- Stromquist, Nellie P. (1995) *Gender and Basic Education in International Development Co-operation*. UNICEF Working Paper no. 13. New York: UNICEF.
- Swantz, Marja-Liisa. (1990) "Woman/Body/Knowledge: From Production to Regeneration" in *Feminist Perspectives on Sustainable Development* in Wendy Harcourt (ed.) Zed Books: London.
- Sykes, J. B. (1984) *The Concise Oxford Dictionary of Current English*. Oxford: Clarendon Press.
- Tietjen, Karen (1991) *Educating Girls: Strategies to Increase Access, Persistence and Achievement* Washington D.C.: USAID/ABEL.
- Tilak, J.B.G. (1989) *Female Schooling in East Asia: A Review of Growth, Problems, and Possible Determinants*. PHREE Background Paper Series, Document No. PHREE/89/13. Washington D.C.: The World Bank.

- Trouré, Haddiio Mounkaila, Patricia Goubet Moreland and Ibrahim Abdoulaye. (1994) "Etudes Qualitatives des Facteurs Déterminants de la Fécondité et de la Mortalité au Niger". RAPID Project, Washington, D.C.
- Tremearne, A.J.N. (1913) *Hausa Superstitions and Customs: An Introduction to the Folk-Lore and the Folk*. London: John Bale, Sons and Danielsson.
- United Nations (1970) "Resolutions Adopted by the General Assembly during its Twenty-fifth Session, 15 September - 17 December 1970". Supp't No. 28 (A/8028). New York: United Nations.
- United Nations (1973). *The Determinants and Consequences of Population Trends: A New Summary of Findings on the Interaction of Demographic, Economic and Social Variables*. Population Studies No. 15. New York: United Nations.
- United Nations (1984) "Fertility and the Family: Changing Conditions and Perceptions" part of *Population: 1984 and Beyond - Critical Issues for the International Conference on Population in Mexico City*. New York: United Nations.
- United Nations. (1994) "Report of the International Conference on Population and Development, Cairo, Egypt, 5 - 13 September 1994". UN Doc. No. A/CONF.171.13. New York: United Nations.
- United Nations. (1995) "Draft of Beijing Declaration and Platform for Action, adopted by the Fourth World Conference on Women: Action for Equality, Development and Peace, Beijing, 15 September, 1995". New York: United Nations.
- UNDP (1990) *Human Development Report - 1990*. Oxford: Oxford University Press.
- UNDP (1993) *Human Development Report - 1993*. Oxford: Oxford University Press.
- UNDP (1996) *Human Development Report - 1996*. Oxford, Oxford University Press.
- UNESCO/International Institute for Educational Planning. (1989) "L'Education en Base en Afrique". Paris: UNESCO.
- UNESCO (1994) "Education For All - Status and Trends". Paris: UNESCO.
- UNICEF (1993) *Girls and Women: A UNICEF Priority*. New York: UN Children's Fund.
- UNICEF (1996a) "Working Document for the Mid-Decade Meeting of the International Consultative Forum on Education for All". Amman, Jordan, June 16-19, 1996.
- UNICEF (1996b) "Education for All - Achieving the Goal - Statistical Document for the Mid-Decade Meeting of the International Consultative Forum on Education for All". Amman, Jordan.
- United Nations Population Fund. (1992) *State of the World's Population*. New York: UNFPA.
- USAID. (1988) "Project Paper: Niger Family Health and Demography Project". Niger: USAID.

- Verkuyl, D.A.A (1993) "Two World Religions and Family Planning" in *The Lancet*. 342:473-475.
- Verspoor, Adrian. (1992) "World Bank Lending and Basic Education" in *NORRAG News*, 12:30.
- Vlassoff, Carol. (1994) "Gender Inequalities in Health in the Third World: Uncharted Ground" in *Social Science and Medicine*. 39(9)1249-59.
- Vuillamy, G. (1989) "How Can Qualitative Research Contribute to Educational Policy-making in Developing Countries?" presented at "Development Through Education" Conference, September 26-28. University College, Oxford.
- Vuillamy, G., Keith Lewin and David Stephens (1990) *Doing Educational Research in Developing Countries*. London: Falmer.
- Wagner, Daniel A. (1993) *Literacy, Culture and Development - Becoming Literate in Morocco*. Cambridge: Cambridge University Press.
- Warwick, Donald. (1982) *Bitter Pills: Population Policies and Their Implementation in Eight Developing Countries*. Cambridge: Cambridge University Press.
- Warwick, Donald P. (1988) "Culture and the Management of Family Planning Programmes" in *Studies in Family Planning*. 19(1):1-18.
- Warwick, Donald P. (1994) "The Politics of Research on Family Control" in *The New Politics of Population: Conflict and Consensus in Family Planning*. Jason L. Finkle and C. Alison McIntosh (eds.) The Population Council: New York.
- Wellings, Kate, Julia Field, Anne M. Johnson and Jane Wadsworth. (1994) *Sexual Behaviour in Britain- - The National Survey of Sexual Attitudes and Lifestyles*. London: Penguin Books.
- Wolfson, Margaret. (1983) *Profiles in Population Assistance - A Comparative Review of Principal Donor Agencies*. Paris: OECD.
- World Bank. (1980a) *Education - Sector Policy Paper*. Washington: World Bank.
- World Bank. (1980b) *Health - Sector Policy Paper*. Washington: World Bank.
- World Bank. (1984) *World Development Report 1984*. Washington: World Bank.
- World Bank. (1989) *Sub-Saharan Africa: From Crisis to Sustainable Growth*. Washington: World Bank.
- World Bank. (1990a) *Primary Education: A World Bank Policy Paper*. Washington: World Bank.
- World Bank. (1990b) *The Dividends of Learning: World Bank Support for Education*. Washington: World Bank.
- World Bank. (1993a) "Niger: WID Assessment." Population and Human Resources Operations Division, Sahelian Department.
- World Bank (1993b) "Quelques Statistiques Comparatives sur l'Education au Niger." Division Opération Population et Ressources Humaines, Sahelian Departement.

- World Bank. (1994a) *Report and Recommendation for a Basic Education Sector Report*. Niamey, Niger.
- World Bank. (1994b) *Reversing the Spiral: Understanding the Environment, Population and Agriculture Nexus*. Washington: World Bank.
- World Bank (1995) *Priorities and Strategies for Education - A World Bank Review*. Washington: World Bank.
- World Conference on Education for All (1990) "World Declaration on Education for All, and, Framework for Action to Meet Basic Learning Needs/ adopted by the World Conference on Education for All on Meeting Basic Needs". New York: Inter-Agency Commission.
- Yngström, Ingrid. (1995) "Gender and the Social and Political Context of Environmental Change in Africa" in *Gender and the Environment in Africa: Perspectives on the Politics of Environmental Sustainability*. Ingrid Yngström, Patricia Jeffery, Kenneth King and Camilla Toulmin (eds.) Edinburgh: Centre of African Studies.

Appendix One

Focus Group Discussions and Interviews

1993

Village A, Department of Zinder

focus group discussions

- two groups of women with more than four live births
- two groups of women with up to four live births
- one group of men with more than four children
- one group of men with up to four children

interviews

- six women with more than four live births
- six women with up to four live births

key informants

- grandmothers, traditional midwife, Major, two midwives, school teacher, Chief's sister-in-law, marabout, traditional healer

Village B, Department of Zinder

focus group discussion

- two groups of women with more than four live births
- two groups of women with up to four live births
- one group of men with more than four children
- one group of men with up to four children

interviews

- six women with more than four live births
- six women with up to four live births

key informants

- grandmothers, two traditional midwives, Major, mid-wife, Chief, Chief's sister-in-law, marabout, two traditional healers

Boukouki, Niamey

focus group discussions

- two groups of women with more than four live births
- two groups of women with up to four live births
- one group of men with children

interviews

- nine women with more than four live births
- nine women with up to four live births

key informants

- three mid-wives, chief, Woman's Association Representative, community matrone

Lazaret, Niamey

focus group discussions

- two groups of women with more than four live births
- two groups of women with up to four live births
- one group of men with children

interviews

- twelve women with more than four live births
- twelve women with up to four live births

key informants

mid-wife, chief

Yantala, Niamey

focus group discussions

one group of women with more than four live births
one group of men with children

key informants

local petty-traders, night guard's wife

1995

Village C, Department of Zinder

focus groups

one group of women with more than four live births; met twice
one group of women with up to four live births; met twice
one group of men with more than four children; met twice
one group of men with up to four children; met twice

interviews

three educated women with more than four live births
three educated women with up to four live births
two husbands of educated women
two women using family planning

key informants

Major, midwife, school director, literacy instructor, agriculture extension officer, village chief, two traditional mid-wives, our night guard, two marabouts

Village D, Department of Zinder

focus groups

one group of women with more than four live births; met twice
one group of women with up to four live births; met twice
one group of men with more than four children; met twice
one group of men with up to four children; met twice

interviews

one educated woman with up to four live births
three women using family planning
one husband of an educated woman
three husbands of women using family planning

key informants

Major, school director, three marabouts, two traditional mid-wives, our night guard

Zongo, Niamey

focus groups

one group of women with more than four live births
one group of women with up to four live births
one group of men with children

interviews

three women with more than four live births
two women with up to four live births
four women using family planning

key informants

two school directors, midwives from two health centres, Chief, three
marabouts

Appendix Two
Focus Group Questions (1993)
Family Planning

1. What do people want for their families?
What do you want for your children?
How do you get it?
2. Why do women have lots of children?
Who/what makes her think she should have lots of children?
Is it a good thing or a bad thing?
3. What do people think when a woman gets pregnant before the baby is weaned?
Should the mother do something to avoid this happening?
What?
4. If you wanted to space your next child who would you talk to about it?
How would you go about asking him/her about it? When?
Where?
What would he/she think about it?
5. Would you talk about it with other people in your family? Who?
How would you go about it? When? Where?
6. Would you talk to anybody else about it?
How would you go about it? When? Where?
7. What would the marabout think about it?
8. What is the best way to talk to people about birth spacing?
9. What person/people know/s a lot about life, birth, families and the proper way to live?
What does that person think about family planning?
If that person/people thought you should use something to space your children would you use it?
10. What are the reasons people wouldn't want to use birth spacing?
11. Do you know someone who uses something to space births? What?
If no, why not?
12. If you wanted to use something, where would you go to find out about it?
Who would you ask? What would they say? Who do you trust?
13. What are the traditional methods available?
Where do you get them from?
Have you seen them?

Do you use them?
Who uses them? Why?

14. Do you know women who use something to space their births?
What are the differences between those women who use something to space their births and those who don't?
15. Have you ever seen this logo?
What does it mean?
16. What modern methods of birth spacing do you know?
Where did you find them?
How did they tell you about the methods?
Have you ever seen them?
Do you know anyone who uses them?
How do they work?
Are they a good thing or a bad thing?
Do you have any concerns about the methods?
17. Have you been to the PMI/dispensary for information? If not, why not?

Or

Have the health workers come to your village?

What happened? What did the midwife/nurse say or do?
Did you have any questions?
Did you understand everything?
Did you use it?
18. Would you recommend others go to the PMI/dispensary for information? Why or why not?
19. What do the health workers think about the traditional methods of family planning? Do you agree with that?
20. Are there other organisations/groups who should play a role in helping people learn about birth spacing?

Appendix Three
Individual Family Planning Questions (1993)

1. What are the problems with poorly spaced pregnancies?
2. When a young mother visits the marabout or boka what kind of help is she seeking from him?
3. When an older mother visits the marabout or boka, what kind of help is she seeking from him?
4. What are the difference between young mothers and older mothers?
5. Who gives a younger mother advice?
6. Who suffers from poorly spaced pregnancies?
What do women use to avoid this problem?
7. What are the problems with poorly spaced pregnancies?
Does it come like a sickness?
8. When does a woman start to look for something to help her avoid poorly spaced pregnancies? (when her periods start after the last child? when she gets pregnant too quickly?)

Who influences this decision?
What do they say?
9. What do people think of the woman who wants fewer children?
10. Why don't women use modern methods to help them avoid poorly spaced pregnancies?
11. Have you used modern methods of family planning? What were your experiences?

Additional Urban Questions

12. Have you talked to the health staff about modern methods of family planning?

What did they tell you?
What did you do?
13. Did you decide to try the modern methods? Why or Why not?

What happened when you tried them? What did the health staff say/do?

What were your experiences with them? Have you had any problems?

Did you tell your husband? What was his response? Did you tell anyone else? Who? What did they say?

Will you continue to use them in the future? Why or why not?

Appendix Four
Focus Group Questions (1995)
Education and Family Planning

Education

Do children go to school in this village?
How long do they go to school? (girls, boys)
 Why do girls go for a shorter period?
 What is the difference between the two?
When does it happen that boys don't go?
When does it happen that girls don't go?
What are the benefits of education (for boys, for girls)?
What problems do you see with education?
What are the benefits of Koranic education?
 Is it different from primary school?
Do children go to Koranic school more now than when you were a child? Why?

Family Planning

Do people in this village use family planning?
When is a good time to use family planning?
Does everybody use it?
What kind of person uses it?
Is it a good thing?, why?
Are there more problems with *riritisa* today? What are they?
Why has this happened?
Will modern methods of family planning help/change this?

Appendix Five Individual Education Questions (1995)

Did you go to French school? What age were you when you started? Who decided you should go? Did your parents agree? Did all your brothers and sisters go? Who went? Why? Who didn't go? Why? How long did you go for? Why did you stop? What level did you reach? What did you learn? Where were you in your class?

Did you go to Koranic school? What age were you when you started? Who decided that you should go? Did your parents agree? Did all your brothers and sisters go? Who went? Why? Who didn't go? Why? How long did you go for? Why did you stop? What level did you reach? What did you learn? How does it help you?

Can you read now? When did you last read something? Can you show it to me? Do people ask for your help to read and write? When does this happen? Is it a good or bad thing?

Is your husband educated? How many years did he go to school? What level did he reach? Can he read or write?

How many children do you have? What are their ages? (live births) Are they healthy?

How do children learn? Who teaches them? How do they learn to be good people? Is a girl's upbringing different from a boy's upbringing? How? Why? What are the differences?

Do normal school and koranic school help to give them a good upbringing? Which? Why? How?

What age do children start normal school? (girls vs boys) Do you send your children to school? Why or why not? Which children? Why are there differences? Who makes the decisions that they will go, or not go? How is that decision made? Do the children like going to normal school? Why? What do they learn? How do you know what they learn? Do you talk to the teacher? Do you know what they do in school? Explain. When do they stop going to school(girls vs boys)? Explain.

What will normal school give your children? Are girls different from boys? How? What are the benefits of education (**amfani**) (for girls, for boys)? How do you measure the success of the child's education (girls vs boys)? If a job is success, is anything short of it a failure(girls vs boys)? What are the skills they acquire at school (girls vs boys)? Are these skills useful in the community? Why or why not?

What are your feelings about the school strikes? Do you think the strikes will create problems in your children's future? What? How? What will you do to solve these problems? What do they do with all their spare time?

What age do children start Koranic school? (girls vs boys) Do you send send your children to Koranic school? Why or why not? Which children? Why are there differences? Who makes the decisions? How are the decisions made? How long do they stay in Koranic school? Explain.

What will Koranic school give your children? Are girls different from boys? How? What are the benefits of Koranic education (**amfani**) (for girls, for boys)? How do you measure the success of the child's Koranic education (girls vs boys)? Do they acquire skills at a Koranic school (girls vs boys)? Are these skills useful in the community? Why or why not?

What do you want for the future of your children? Are girls different from boys? Why? How? Do they improve their chances for the future with normal education?

Do they improve their chances for the future with Koranic education? What other ways can you help to give them a good future? How are girls different from boys?

Have you ever had a job outside the home? What did you do? For how long? Did you travel away from home? How far?

Do you have/ have you had a co-wife? How many years of education did she/does she have? How many children does she have? Do you get along? Does she send her children to school? Which children (boys and girls) (what ages)? What are the reasons to send some and not others? Do you talk about education with her? etc. Do you talk about your children's future with her? What do you say?

Do you have problems with your children's health? How do you to stop them from getting ill? Do you go to the dispensary? How often? For what reason? Have you ever used family planning? Do you understand what the health staff tell you? Do you ask them questions, if you don't understand? Do they give you an answer that satisfies you? If they don't, what do you do?

Appendix Six Individual Family Planning Questions (1995)

How long have you been married? Did you go to school? For how many years? What level did you attain?

Do you have children? How many? How old are they? (all of the births)

Do they get sick often? With what? (are they malnourished? **Tamowa**, how did it happen? **riritisa, konika**) What do you do? Do you go to the dispensary? Do you go to the marabout?

Do you think family planning can help with your children's health? (**tsarin iyali**) Do you understand how it works? (if yes, explain)

Who uses it? Can you use it? YES - How? NO - Why?

Where did you hear about it? radio? dispensary? friends?

When did you start using it? How many children did you have then? What made you think about starting to use it? What happened when you first came to ask about fp? (how were you feeling then? tired, sick, healthy, just had a baby?) How long have you used it for? How long will you continue to use it? Did you have any problems? What? What happened? What did the sage-femme say and what did she so do? Are you satisfied now? Have you had children in between?

Do you talk about child spacing with your husband? NO- why? YES - how? What does he say?

Does he know that you use it? YES- has he always known? When did he find out? What did he think? Does he support you? NO - Why not? What will happen if he finds out?

Do other people in your family know that you use it? Why? YES -Do they support you? NO - What will happen if they find out? (who are we talking about?)

Have you tried traditional methods? Which? Did they work? Are you still using them now? Do other women use them successfully? What are the problems with traditional methods?

Do you have a co-wife? Are you friends? Has she gone to school? For how many years? How many children does she have? Are her children healthy? Does she go to the dispensary? Do she use family planning?

Would you recommend family planning to other women? Why or why not? Who would you talk to about it?

Do you think family planning is a good thing for Niger? Why?

Appendix Seven

Picture One: Two traditional midwives, or *matrones*. For the price of several bars of soap and a quantity of millet, local midwives assist in the birth of a child and help the mothers during the first days of their confinement after the birth.



Picture Two: Two girls collecting food for goats. From an early age girls contribute to household labour.



Picture Three: A mother and her baby. The child has a number of leather amulets around his neck. Intended to prevent childhood diseases or cure health problems, the amulets will have been purchased from a local *marabout*.



Picture Four: Two women pounding millet. Women often help one another to pound millet, with sometimes three women working together at the same time. Note the baby tied on the back of the woman on right.



Picture Five: Woman selling snacks. Women are often able to save small amounts of cash through petty commerce activities.



Picture Six: Road washed out. Even those few roads that are paved are often flooded during the rainy season, making access to schools and clinics difficult.



Picture Seven: Girl selling snacks. In the evenings, girls are sent out with a quantity of snack foods to sell for their mothers.



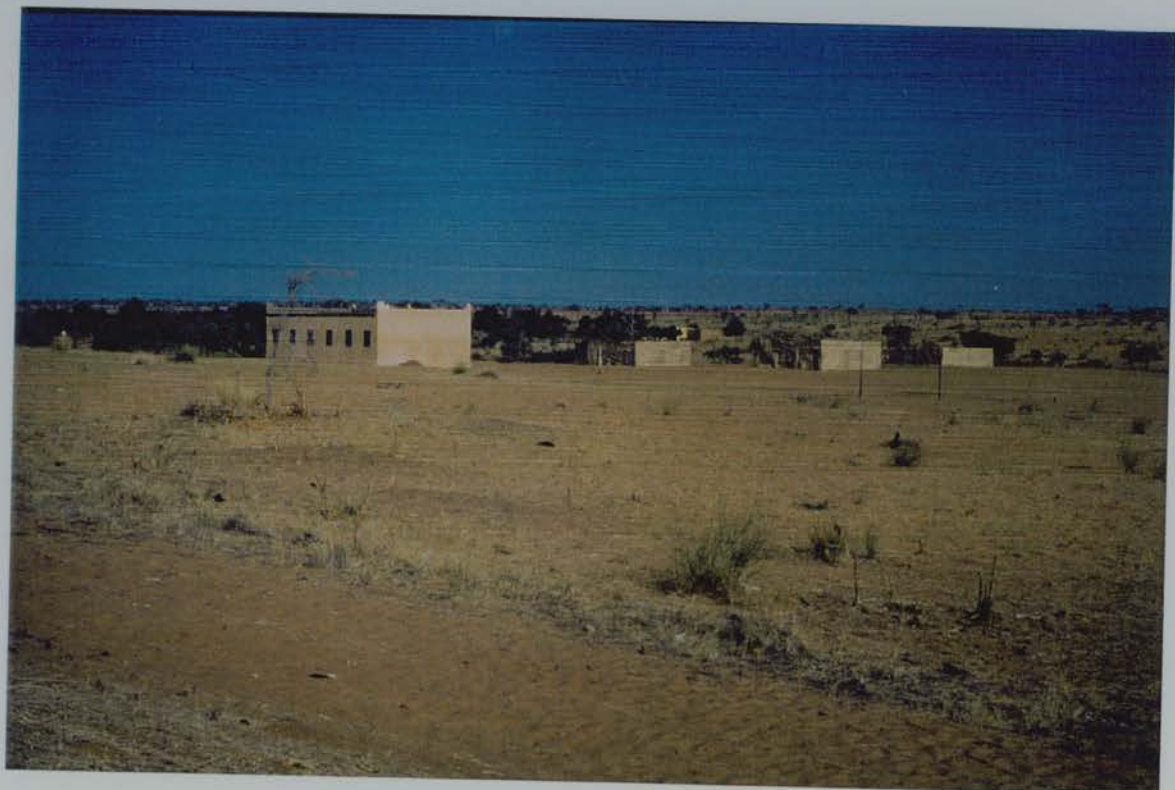
Picture Eight: Women in the dispensary. The women are weighed and their blood pressure taken before seeing the nurse or midwife.



Picture Nine: A typical rural dispensary with half the building serving as the *Major's* residence.



Picture Ten: Rural school. School grounds are often barren. The building on the left is a permanent structure and the other three are constructed from straw mats.



Picture Eleven: Koranic school. The children gather in the evenings to recite and write Koranic verses. Note several children are holding up the boards on which they write their verses.

